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MONTANA

Comprehensive Chemical Dependency Plan

Fiscal Years
1988-1991

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PREFACE

Chemical dependency [alcoholism, alcohol and drug abuse] are major health and social problems. In Montana, an estimated 100,000 suffer from chemical dependency and other related problems; unfortunately, a number of those in need cannot find needed services, either because it is not available or they cannot afford it. Chemical dependency is not confined to any social or economic class; no one is immune from its effects. The social and economic costs of chemical dependency are costs that all Montanans bear, whether they are chemically dependent or not.

While more and more people are accepting chemical dependency as a disease and worthy of prevention and treatment efforts, the stigma associated with chemical dependency still persists in many Montana arenas, i.e., government, elected officials, and private industry. The complex physical, social and psychological causes of chemical dependency are ignored by many or attributed more to weaknesses and lack of will power. The gravity of chemical dependency warrants concerted prevention and treatment efforts from both the private and public sectors. Though the concern and pressure to contain health care costs must continue, the funding for prevention and treatment should be based on a recognition of the current and future needs and costs of chemical dependency. The purpose of this plan is to try to recognize these needs and costs and coordinate their implementation in an efficient and effective manner.

The Montana Chemical Dependency Plan is a 4 year planning document as required by 53-24-204(2)(b) MCA and covers Fiscal Years 1988 through 1991. The State Plan is designed with the following objectives in mind:

1. To assist citizens of Montana in understanding the problems of chemical dependency and efforts currently employed to deal with these problems;

2. To provide a policy document that promotes efficiency, cost effectiveness and availability of chemical dependency services within the state; and

3. To provide information to service providers, agencies involved with chemical dependency services, state and local government, and the Montana Legislature about the current status and future requirements of chemical dependency programs.

The Department of Institutions coordinates its chemical dependency planning process with the Montana Department of Health and Environmental Sciences to ensure that this document is in accord with the Montana State Health Plan. This Plan is primarily based on information and problems identified in approved County Chemical Dependency Plans. Chapter 5 contains a summary of each County Plan and a regional summary of common problems and concerns.

State approved programs are primarily funded by earmarked alcohol tax, federal block grant funds and service revenue. The earmarked alcohol tax is tied directly to the volume of alcoholic beverages sold in the State and

distributed to counties based on an 85% county population and 15% county land area to total State population and area. Counties then distribute these funds to state approved programs based on County Plan needs and allocations. Federal block grant funds are awarded to local programs on a competitive contract basis by the Department. Since 1983, the Montana State Legislature has also authorized the expenditure of block grant carryover funds to alleviate any shortfall of earmarked alcohol revenues during fiscal years 1984 through 1989. This action is aimed at maintaining current level treatment services throughout the State. Service revenue which largely consists of insurance and client fees is rapidly becoming a major part of the total program funding structure for chemical dependency in Montana.

The majority of County earmarked funds are contracted to outpatient programs and services are available to indigents on an ability to pay basis statewide. However, chemical dependency inpatient services available to indigents is limited to 80 beds at the Montana State Hospital, Galen campus, and 5-6 beds contracted by the Department in Havre and Glasgow. This indigency problem is also coupled with the fact that Medicaid does not reimburse for chemical dependency inpatient or outpatient services in Montana.

During fiscal years 1984 through 1987, a one-time infusion of federal funds offset the reduction of alcohol earmarked tax, and during fiscal years 1988 and 1989, it appears that funding from the new federal Drug Enforcement and Education Control Act of 1986 will allow Montana to again offset the reduction of the alcohol earmarked tax. However, the future of federal funds is still unclear and unless the funding mechanism for chemical dependency programs is changed, a continued decrease in the consumption of liquor will continue to result in a reduction of funding available to chemical dependency programs which depend upon that public funding.

Due to the above public funding problems, the Department has encouraged state approved programs to generate additional revenues from fees paid by those persons to whom services are provided. Legislation passed by the 1983 Legislature which requires insurance coverage for alcoholism and drug abuse treatment has assisted programs in their effort to generate additional service revenue. Other major problems noted through the statewide county planning process are: (1) providing inpatient treatment to indigents; (2) a gap in the continuum of care resulting from lack of transitional living facilities within the State; (3) lack of outpatient and outreach services for rural areas; and (4) a continual decrease in public funds available for treatment programs due mostly to decreased liquor sales.

Based on information and common problems defined in the County Plan, program performance documentation, legislative priorities, and the current funding situation, the Department has identified four priorities: (1) maintaining the current level of services throughout Montana, (2) maintaining the quality of services, (3) allocating resources to ensure efficiency, non-duplication, cost effectiveness and the availability of services, and (4) encouraging local communities and state approved programs to play a primary role in the development and implementation of prevention activities. This document details a workable plan for dealing with Montana's chemical dependency problems and will hopefully ensure the continued availability of quality treatment and prevention services to the people of Montana.

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1.0 COUNTY PLAN SUMMARIES AND REGIONAL DATA

1.1 Introduction

The term "chemical dependency" as used in this document is defined in 53-24-103 MCA, and is used synonymously or interchangeably with the terms "alcohol abuse, alcoholism, drug abuse, substance abuse or drug dependency".

The Department of Institutions, under 53-24-204, MCA, is required to prepare a long term [four year] state plan for chemical dependency and to publish an updated supplement to the plan each biennium. The Montana Comprehensive Chemical Dependency Plan is a public document that presents a coordinated plan for the development and implementation of chemical dependency prevention, treatment and rehabilitation services for the entire state.

The plan serves as a basis for the utilization of federal, state and all other available resources in planning, establishing, maintaining, coordinating and evaluating prevention, treatment and rehabilitation projects and programs for chemical dependency throughout the state.

This state chemical dependency plan is to be used as a guide for coordinated statewide efforts; it is not intended to be an unchanging document, but is designed as a workable tool for use by all groups and agencies working with chemical dependency within the state.

1.2 Roles and Responsibilities for Combatting Chemical Dependency

The manner in which chemical dependency related policies and programs are developed and implemented is influenced by a number of different governmental agencies and institutions, private sector programs and a growing number of local community/citizen groups and concerned individuals. The roles and responsibilities of each of these groups in combatting chemical dependency is briefly discussed below.

The Federal Role

A number of federal departments and agencies implement policies and/or carry out programs which directly or indirectly support efforts to combat chemical dependency and its related problems. Within the Department of Health and Human Services (HHS), the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) funds and conducts research on alcohol and other drugs and their use and abuse; disseminates research findings; develops national policies aimed at resolving the incidence and prevalence of chemical dependency and provide funding for services through contracts and block grants to states, local governments and private agencies. Other HHS components include Health Care Financing Administration which develops policies aimed at financing efforts which affect reimbursement for chemical dependency; and Indian Health Service (IHS) which supports chemical dependency treatment directly through grants and contracts for treatment programs for Native Americans and IHS hospitals.

The Department of Transportation (DOT) administers, supports and funds program principally aimed at transportation safety issues which include prevention and education for the drinking drivers. The Department of Education supports a number of school based programs to prevent alcohol and drug abuse; and the Department of Justice supports prevention/ education programs for criminal justice agencies and treatment services for correctional programs. Other federal agencies involved in alcohol and drug issues include the Departments of Defense, Treasury (Bureau of Alcohol, Tobacco and Fire Arms) and the Veterans' Administration.

While the federal role in chemical dependency is significant, the past decade has seen a shift in this role from one which was concerned primarily with providing direct support for alcohol and drug related research, prevention and treatment programs and activities to one which also includes encouraging collaboration with states, local governments, and the private sector. A major factor in this changing role has been the willingness and the ability of state and local governments and the private sector to better prevent and treat chemical dependency.

The States' Role

The states have the primary responsibility for planning, implementing, and regulating policies, programs, and activities affecting the use of chemical dependency and the prevention and treatment of alcohol and drug related problems. They are largely responsible for assisting and providing coordination for diverse groups within the state whose programs and activities also have an impact on chemical dependency.

State agencies involved in chemical dependency generally have extensive responsibilities which include:

- Establishing quality assurance standards for programs, services, facilities, and national and state accrediting/licensing bodies;

- Planning and coordinating a comprehensive system of prevention, intervention, and treatment services including assessing statewide needs, developing plans with realistic goals and objectives that address those needs, and ensuring that appropriate resources are developed and coordinated;

- Allocating state fiscal resources to address the identified needs and appropriately coordinating federal, state, county, community, and private resources through a state plan responsive to local needs;

- Developing appropriate standards for service delivery, including licensing, approving and/or certifying programs and personnel, and monitoring program performance;

- Providing policy leadership including coordination with other state executive branch agencies and with other levels of government and the private sector on appropriate public education and other prevention service delivery;

- Serving as an information clearinghouse and offering training and technical assistance services to local service providers and the general public.

Additionally, states set policies governing the availability and sale of alcoholic beverages, including establishing taxation rates, hours of sale, places of sale, and the minimum age for purchase and consumption of alcoholic beverages. This responsibility has become increasingly important as national awareness of the hazards of drinking and driving has grown, and policies controlling the availability of alcoholic beverages are being examined by a number of state governments.

Montana State agencies involved include:

1) Department of Institutions - under Title 53, Chapter 24, MCA, administers, plans, evaluates, and funds statewide chemical dependency services as described in this Plan. The Department also provides treatment services through the Montana State Hospital and two correctional facilities.

2) Department of Health and Environmental Sciences - licenses inpatient treatment facilities, administers the Certificate of Need process, develops the State Health Plan and maintains a state film library of alcohol and drug films through a contract with the Department of Institutions.

3) Department of Justice - supports and funds prevention/education programs for high risk individuals and treatment alternatives to street crime programs through the Crime Control Division. The Highway Traffic Safety Division supports traffic safety programs which includes maintaining state data on alcohol involvement in motor vehicle accidents, conducts policy on alcohol safety, conducts and supports efforts designed to improve driver safety, including prevention/ education programs aimed at the drunk driver.

4) Department of Social and Rehabilitation Services (SRS) - provides general assistance to those persons who are in need and qualify for chemical dependency services.

5) Department of Family Services - provides through state approved programs inpatient chemical dependency services for youth who qualify as youth in need of care, supervision or delinquent youth. Also provides direct treatment services at the Pine Hills School for Boys in Miles City, Montana.

6) Office of Public Instruction - provides technical assistance to school districts to secure funding and supplies educational materials for school-community based prevention and intervention programs.

7) Department of Revenue - enforces State laws and regulations relating to the availability, sale and consumption of alcoholic beverages and administers taxes on alcoholic beverages.

County and Local Governments' Role

County and local governments, working in partnership with the states, play key roles in funding, planning and administering chemical dependency prevention and treatment programs.

County and local governments perform a number of alcohol-related functions:

- Provide information on programmatic and resource needs through the county chemical dependency planning process for the state planning process.

- Develop county and local coalitions and task forces to assess needs, stimulate community-based voluntary and business involvement, and develop local cooperative projects, programs, and services that address those needs.

- Develop and enforce State and/or local laws and ordinances relating to the availability and consumption of alcoholic beverages.

Private Sector's Role

The private sector is increasingly active in providing programs, services, and research designed to combat chemical dependency. Among the activities of this sector are:

- Providing employee health insurance coverage for chemical dependency treatment services, and developing employee assistance programs and other methods of intervention for employees.

- Establishing increased numbers of high quality treatment programs; both non-profit and for-profit.

- Raising the nation's consciousness about the cost and tragedy of chemical dependency through the use of citizen volunteer groups, anti-drunk driving groups, parents groups, and youth groups.

- Significant advances in combatting chemical dependency related problems by the groups referenced above and support groups such as Alcoholics Anonymous, Al-Anon, and Alateen.

The role of the private sector in Montana's chemical dependency arena is important. Private treatment facilities have grown with the broadening of insurance coverage. Foundations support research, training, and model program development efforts. The growing number of Employee Assistance Programs (EAPs) in the public and private sectors has helped to de-stigmatize the problem of chemical dependency. The private sector has become increasingly involved in developing and disseminating public education materials designed to discourage abuse of alcohol and drugs, and providing funding to organizations for prevention related activities.

Encouraging Cooperation

Chemical dependency prevention and treatment programs and services in Montana are changing as are the roles and responsibilities of the various sectors. These roles and responsibilities will probably continue to evolve as prevention, treatment, personnel and financing changes are implemented and as institutional contexts change. For example, as insurance coverage for chemical dependency treatment expands, the State role in ensuring treatment for all citizens in need will diminish. Continued progress in combatting chemical dependency requires assessing and encouraging the contributions of each of the sectors, fostering coordination among sectors and developing a spirit of cooperation rather than competition or duplication for the achievement of common goals.

1.3 State's Purpose

Under delegated authority from the Director, Department of Institutions and 53-24-204 MCA the Department will:

1) Approve treatment programs in accord with 53-24-208 and the Administrative Rules of Montana, Volume 7, Chapter 3.

2) Prepare a long term [four year] state chemical dependency plan for the delivery of treatment services, with a biannual update.

3) Provide and conduct statewide service system evaluations.

4) Distribute state and federal funds to the counties for approved treatment programs in accordance with the provisions of 53-24-206 MCA.

5) Plan in conjunction with approved programs and provide for training of program personnel delivering services to chemically dependent persons.

6) Establish criteria for development of new programs.

7) Certify chemical dependency counselors and instructors providing chemical dependency educational courses.

8) Plan for the greatest utilization of funds by discouraging duplication of services; encourage efficiency of services through existing programs; and encourage rural counties to form multi-county districts or to contract with urban programs for services.

9) Cooperate with the Board of Pardons in establishing and conducting programs to provide treatment for chemically dependent and intoxicated persons in or on parole from penal institutions.

10) Establish standards for chemical dependency educational courses provided by state approved treatment programs and approve or disapprove the courses.

1.4 Program Philosophies and Policies

The statewide philosophy for delivery of chemical dependency services

must be sensitive to situations unique to Montana. While Montana ranks fourth in geographical area [147,128 square miles] it ranks 38th among states in population with approximately five persons per square mile. The racial distribution of the state is 94 percent white, with the remainder being predominantly Native American.

Administration

Responsibility for all functional activity carried out under the Montana Comprehensive Chemical Dependency Plan rests with Department staff, the State Advisory Council on Alcohol and Drug Dependency with final authority from the Director, Department of Institutions.

The Advisory Council is composed of ten members appointed by the Governor every two years. The Council meets at least quarterly to review and recommend policy, to evaluate project and program activities and to recommend priorities for action and expenditures. [See Exhibit I - List of Council Members].

The administration of chemical dependency programs by the state is designed to accomplish the following:

1) Assure that all state approved chemical dependency treatment service providers meet the provisions of Chapter 24 of Title 53 MCA.

2) Assure that outpatient (which includes outreach and aftercare) services are available to all Montana counties.

3) Assure that all publicly funded service providers operate at an optimal level.

4) Assure that clients are provided a continuum of services and are not lost in the referral process.

5) Assure that publicly funded treatment services are not duplicated within counties.

6) Assure that special populations [minorities, youth, women, aged] receive adequate and appropriate services.

1.5 County Planning Process

In accord with 53-24-211 MCA, local planning for chemical dependency services is the responsibility of each county's board of commissioners. County plans will be developed every four years with an annual action strategy update. County plan guidelines are provided by the Department and a standardized format is used by each county. The guidelines also allow for development of multi-county plans. County Plans include the following sections:

1) County Identification/Action Strategy
2) Description of Service Area and Planning Process
3) Analysis of County Needs
4) Treatment and Rehabilitation
5) Prevention/Education

County plans provide the Department with uniform planning information, local needs and priorities and also solutions to local service delivery problems. As part of the planning process, counties must determine special population needs including the needs of Native Americans. County alcohol tax monies are allocated as part of each year's county plan update subject to approval by the Department of Institutions.

When requested by the Department of Health and Environmental Sciences to review Certificate of Need (CON) proposals involving chemical dependency facilities, the Department utilizes information contained in the affected areas' county plan to aid in determining the validity of such proposals. Statistics and other pertinent information may reflect the need for proposed services.

County plans must be submitted to the Department of Institutions for review every four years by December 31st. Annual expenditure updates (action strategy) must be submitted each year for review by December 31st. (See Exhibit 2, Planning Schedule). All plans must be approved by the Department by June 30th of each year.

Fiscal year 1988-1991 County Plans are summarized in Chapter 5 of this plan.

1.6 State Planning Process and Coordination with other Agencies

Planning Process

Responsibility for preparation of the State Chemical Dependency Plan will continue to rest with the Department of Institutions. Preparation of the state plan is based on needs and information identified in county plans, legislative priorities and from program performance documentation, cost data and relevant statistical information. The Department will prepare a long term [four year] plan draft for review by the State Advisory Council, treatment providers, other state agencies, and the general public. Statewide priorities are recommended by the State Advisory Council based on county plan priorities, Department staff recommendations and funding availability subject to final approval by the Department Director.

Each chemical dependency section within the Department is responsible for developing annual work plans for their respective areas of responsibility based on needs assessment information, county and state priorities and legislative mandates. The annual work plans are reviewed by the State Advisory Council for recommendations.

Coordination with Other Agencies

The Department recognizes the need to continually improve coordination among state agencies for certain aspects of the total service delivery system. The Department of Institutions has the primary responsibility, but other state departments have specific functions as was explained earlier. The Department intends to create every opportunity for meaningful involvement of these other state departments having a role in the delivery of chemical dependency services throughout the state.

Working relationships have been developed with the Departments of Health and Environmental Sciences (DHES), Social and Rehabilitation Services, Justice, Highways, Family Services, Revenue and the Office of Public Instruction.

The Department coordinates the statewide planning process with the DHES to ensure consistency with the Montana State Health Plan.

The Department works closely with the Department of Justice, Highway Traffic Safety Division, to carry out state approved and effective Driver Under the Influence (DUI) educational courses now called Assessment, Course and Treatment (ACT) programs operating in state approved treatment programs.

EXHIBIT 1

MONTANA ADVISORY COUNCIL ON
CHEMICAL DEPENDENCY
MEMBERS

WILLIAM A. SPOJA, Jr., Lawyer
Representing Health Region III
P.O. Box 882
Lewistown, MT 59457-0882

JOSEPH P. PLUMAGE, Indian Health Service
Representing Health Region III
3420 Winchell Lane
Billings, MT 59102

CAROL A. JUDGE, RN, CCDC
Representing Health Region IV
1802 Lockey
Helena, MT 59601

MARKO LUCICH, Juvenile Probation
Representing Health Region IV
131 Rocky Mountain Lane
Butte, MT 59701

MARY ELLEN CONNELLY, State Legislator
Representing Health Region V
3315 Whitefish Stage Road, Box 214
Whitefish, MT 59937

WILLIAM E. LaBREE, Businessman
Representing Health Region I
1003 West Bell
Glendive, MT 59330

JAMES A. GILBERTSON, Pharmacist
Representing Health Region I
P.O. Box 234
Broadus, MT 59317-0234

A. R. HAGENER, County Commissioner
Representing Health Region II
612 17th
Havre, MT 59501

JOHN ALBRECHT, Lawyer, Justice of Peace
Representing Health Region II
216 First Avenue NW
Choteau, MT 59422

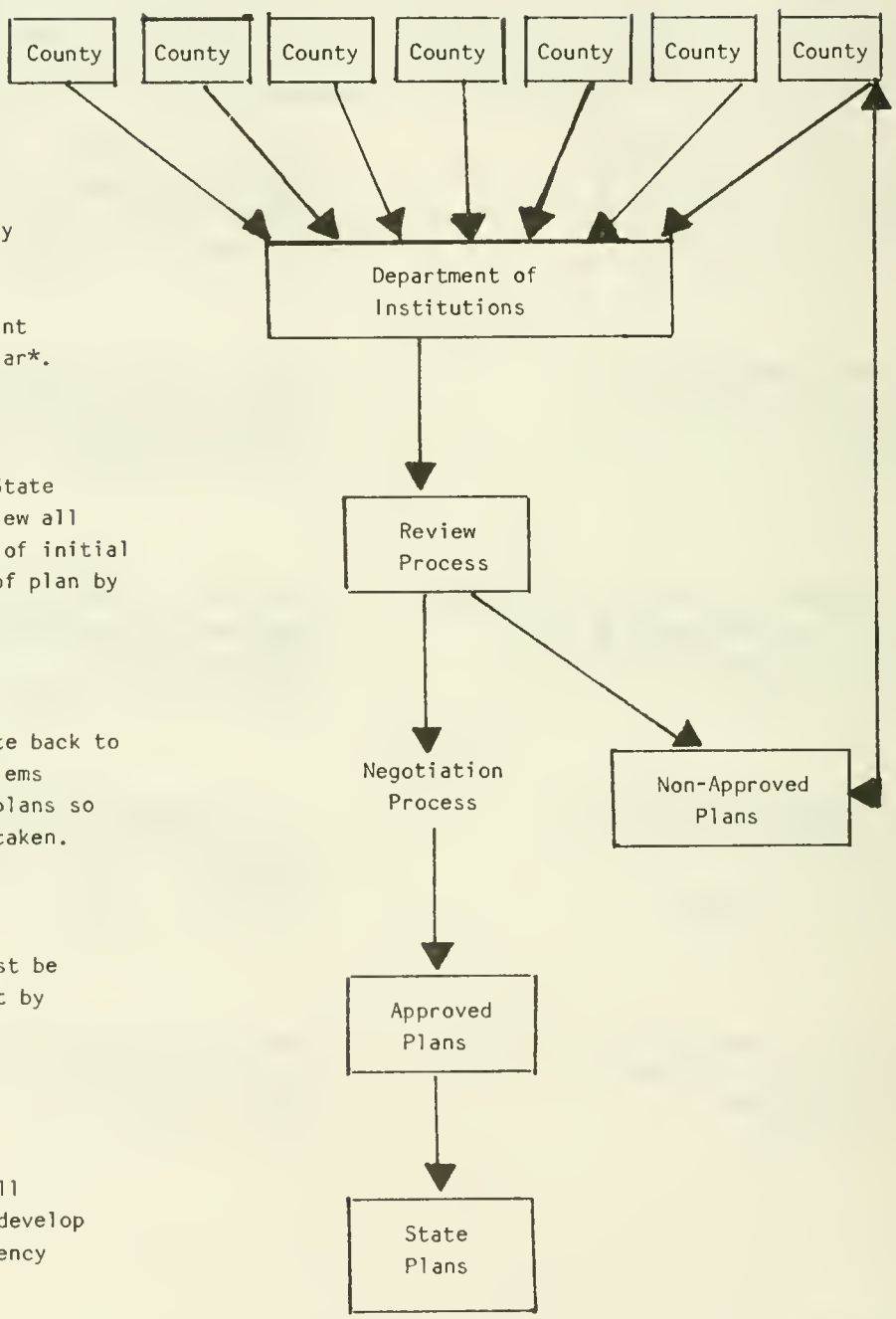
JEANETTE TAWNEY, City/County Health Dept
Representing Health Region V
P.O. Box 2481
Missoula, MT 59806

Exhibit 2

Montana
County Chemical Dependency

PLANNING PROCESS

- County or Multi-County Plans
- Counties must submit County Chemical Dependency Plans every 4 years and updates every year to the Department by December 31, of each year*.
- Department staff and the State Advisory Council will review all plans and notify counties of initial approval or non-approval of plan by April 1, of each year.
- Department will communicate back to counties any and all problems relating to non-approved plans so corrective action can be taken.
- All plans or revisions must be approved by the Department by June 30, of each year*.
- The Department will use all approved county plans to develop the State chemical Dependency Plan.



* If dates are not met, the Department may no longer allocate tax monies to counties.

2.0 ADMINISTRATION

2.1 Department Organization

The Department of Institutions is the designated state authority for chemical dependency services. All major management functions, including subcontractor reimbursement and on-site financial monitoring, are performed by Department staff.

Department Chemical Dependency staff roles and responsibilities are divided into two functional areas; Operations and Support, and Standards and Quality Assurance. Responsibilities for these two functional areas are shown on the organizational chart in Exhibit 3.

2.2 State Budget Process

Budgets are developed for the Department based upon historical costs and any anticipated expansions. The State of Montana operates on a July 1 through June 30 fiscal year. All Divisions within the Department prepare budgets in coordination with the Department's Management Services Division.

The Department of Institutions budget is submitted by the Management Services Division, with approval from the Department Director, to the Governor's Office of Budget and Program Planning [OBPP] for review and approval. When approved, the Department of Institutions budget is included in the Executive Budget prepared by the OBPP.

The Executive Budget is presented to the legislative appropriations subcommittee which compares the Executive Budget to a budget prepared by the Legislative Fiscal Analyst and establishes a recommended budget through appropriation hearings. The recommended budget is submitted to the legislature for final consideration. Appropriations are made on a biennial basis by the legislature.

APPROVED BUDGET

ADMINISTRATION	FY88	FY89
Earmarked Alcohol Tax Revenue	$ 341,564	$ 326,700
SSI - DA&A Referral Contract	22,489	22,489
Total Administration	$ 364,053	$ 349,189

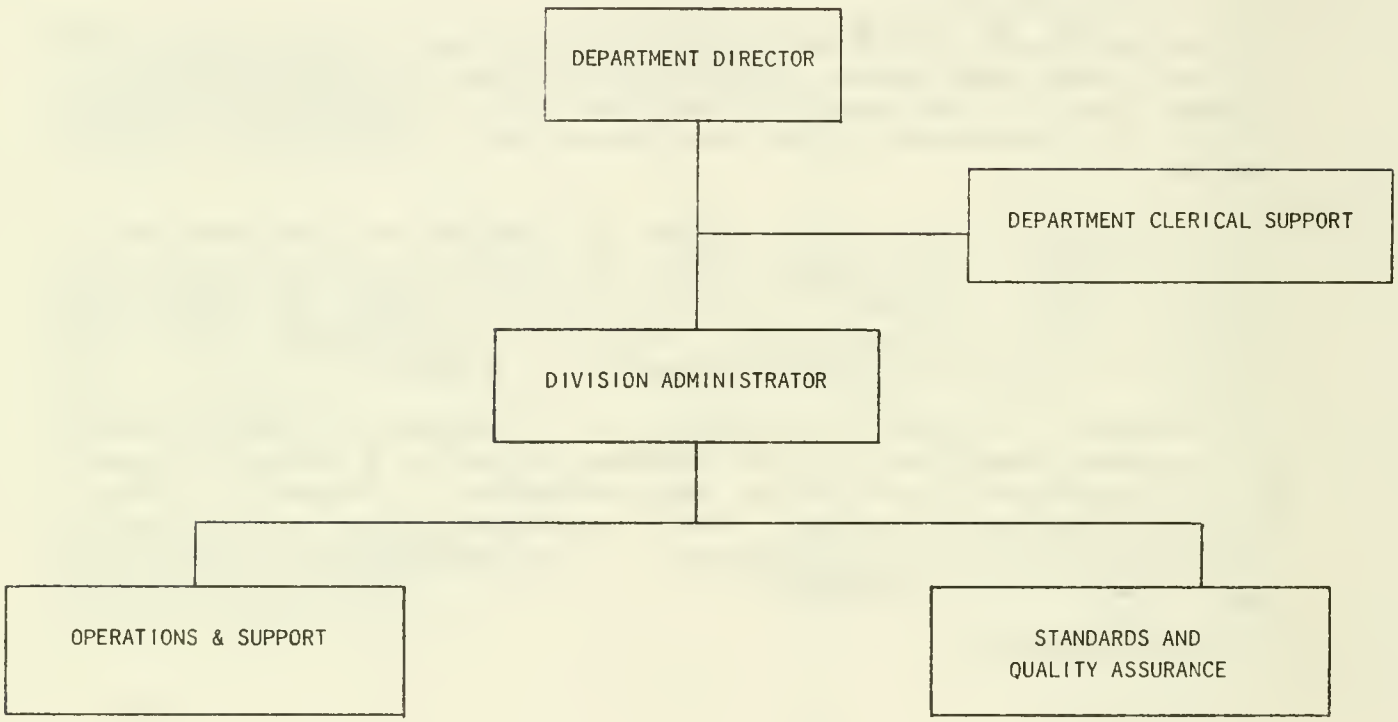
Drug Programs - Discretionary Funding	FY88	FY89
State General Fund	$ 215,200	$ 215,200
Alcohol, Drug Abuse Block Grant	405,887	405,887
Total Drug Program Grants	$ 621,087	$ 621,087

EXHIBIT 3

DEPARTMENT OF INSTITUTIONS

Chemical Dependency

Organizational/Functional Chart



Contract Development and Management

Information/Data Systems and Reporting

Budget Preparation/Status

Prevention

County and State Plans

Intra Agency Coordination, Federal Liaison

Technical Assistance in Financial Administration, County Planning, Information Systems, Prevention and Education

Policy and Standards Development

Program Evaluation and Approval

Certification and Training

Technical Assistance in Evaluation and Certification

Alcohol Programs - Discretionary Funding

	FY 88	FY 89
Alcohol & Drug Abuse Block Grant - Supplemental .	$ 371,697	$ 449,555
Alcohol & Drug Abuse Block Grant - Discretionary.	490,727	412,869
Earmarked Alcohol Tax Revenue-County Distribution	1,429,516	1,351,658
Total Program Grants	$2,291,940	$2,214,082
Total Proposed Budget	$3,277,080	$3,184,358

2.3 Program Funding Distribution

Alcohol Funding

There are three primary sources of revenue for approved public funded treatment programs in Montana: Earmarked Alcohol Tax, Federal Block Grant and Service Revenue.

As defined in 53-24-206 (MCA), the Department of Institutions distributes earmarked alcohol tax monies to counties monthly based on a formula of 85% of a county's population in proportion to the total state population and 15% according to the proportion of the county's land area to the state's land area. These funds are generated through a tax on the sales of liquor, beer and wine and collections from patients at the Alcohol Treatment Center, Montana State Hospital, in Galen. The law also provides for incorporated cities to receive 30% of the liquor tax from the county treasurer and for counties to retain 4.5% for administration (see tables 1 and 2 liquor tax generation and distribution information).

Although the alcohol earmarked tax is projected to continue to decline because of decreasing sales and legislative appropriations from the account, it is the Department's intent in the biennium to maintain the same level of public funding as was available at the local level in FY86 (See tables 1 through 3 Earmarked Revenue Account). This is possible only because of the additional $626,892 of Alcohol Drug Treatment and Rehabilitation funds awarded to Montana by passage of the Drug Enforcement, Education and Control Act of 1986. It is estimated that the Department will utilize $371,697 in FY88 and $449,555 in FY89 of federal funds including both the Alcohol and Drug Treatment Rehabilitation (ADTR) and the Alcohol, Drug and Mental Health Services (ADMS) block grants to maintain the FY86 local level of $1,801,213 during the biennium. These supplemental block grant funds will again be contracted directly to community programs as delineated in the action strategies of the county plans.

The Department distributes its limited discretionary funds each fiscal year to qualifying programs on a contract-for-service basis. Contract awards are made based on priorities established by the Legislature and priorities delineated in state and county chemical dependency plans. Recommendations for distribution of discretionary funds are made by the Division's grant review committee and state Advisory Council with final approval from the Director of the Department of Institutions (See table 4). All discretionary funding will be from ADMS or ADTR block grants. With the additional discretionary funds available in FY88, it was decided not to use these funds to start new programs or services but to alleviate some

previous unmet needs such as indigent free-standing inpatient services for residents of eastern Montana and indigent adolescents who are not eligible for the Department of Family Services' chemical dependency inpatient funds.

The Department has strongly encouraged all chemical dependency programs receiving public funds to generate a larger percentage of their total operating budget from service revenue each year. Service revenue is generally made up of client fees, DUI (ACT) fees, and the ever increasing third party payment (insurance).

This encouragement has come over the years by the following:

- Requiring all programs receiving discretionary alcohol funds to collect an escalating percentage of their total operating budget from this source each year.

- Providing training and technical assistance on billing and collecting to community programs including developing and publishing a third party reimbursement manual.

- Encouraging programs to increase services or add additional services to their programs from increased collections.

The current requirement for outpatient programs contracting with the Department is 13% of their operational budget less DUI (ACT) costs which is 100%; 5% is the requirement for reservation programs less DUI (ACT). The state average for service revenue collections currently exceeds 30% of total budgeted expenditures and is above the original goal of 25% of total budget. Most urban programs in the state generate at least 40% from this source with some exceeding 50%.

Drug Funding

Drug services are funded by federal block grant monies and a general fund appropriation. There are currently 12 funded outpatient drug clinics operated by state approved chemical dependency programs throughout the state with services available in all regions. Current funding will provide services to over 400 outpatient clients with a primary problem of a drug other than alcohol. Service providers are required to put emphasis on those clients whose primary problem is hard drugs (non marijuana) and those with a history of involvement in the criminal justice system. All contractors must assure that 34% of all clients admitted are female.

In FY88, the Department will continue to contract with the South Central Montana Regional Mental Health Center in Billings, Rimrock Foundation in Billings, Recovery Foundation in Missoula, Flathead Valley Chemical Dependency Center in Kalispell, Gallatin Council on Health and Drugs in Bozeman, Providence Center in Great Falls, Boyd Andrew in Helena, Butte Alcohol and Drug Services in Butte, District II in Glendive, and Chemical Dependency Services in Miles City, based on a cost per unit of service mechanism. The Department believes that this mechanism for funding chemical dependency services is the most cost effective method, and

eventually all chemical dependency services should be funded in this manner. The remaining programs will be funded on the slot cost mechanism and will be expected to maintain 100% utilization of their allotted treatment slots. (See table 5.)

The Department will contract with two providers, South Central Montana Regional Mental Health Center in Billings and Alcoholism Services of Anaconda/Deer Lodge County in FY88 with one agreement for both alcohol and drug services This will simplify reporting, allow more flexibility and reduce paperwork.

The Department will utilize some of its General Fund appropriation for drug services in FY88 to purchase inpatient bed days for residents of eastern Montana. This has constantly been identified on county plans as a needed service. The Department intends to contract the balance of unobligated drug funds as of July 1, 1987 for either additional outpatient services or purchase additional bed days by September 30, 1987.

The Department uses its competitive contract process to distribute these monies each fiscal year. Criteria used for the distribution of outpatient drug funding includes:

1) Evidence that drug services are needed based on the number of clients admitted during the previous year with a primary problem other than alcohol and marijuana and those with a history of involvement within the criminal justice system.

2) Demonstrated program effectiveness as measured by outpatient indicators.

3) Identification and documentation of need as addressed in the most current county chemical dependency plan.

4) Consideration of the number of drug services (treatment slots) presently available within the region compared to the region's population.

2.4 Administration of Public Funds for Chemical Dependency Programs

Administration of public funds for chemical dependency programs is a cooperative effort between state and county governments as was briefly discussed in Section 1, however specific responsibilities are as follows:

Counties are responsible for:

- Planning - Determining the best allocation of alcohol tax monies given local and state constraints and development of a county chemical dependency plan.

- Provider Selection - Choosing and contracting with the provider(s) best qualified to deliver a service. Monies must be allocated to state approved programs.

TABLE 1

ESTIMATED ALCOHOL TAX

FY 88

EARMARKED ALCOHOL REVENUE

Liquor License Tax (16-1-404)

3,372,519

30% Cities — 1,011,756

4.5% Counties — 151,763

65.5% DEPARTMENT OF INSTITUTIONS

2,209,000	Liquor Tax
190,000	Galen Collections
698,000	Beer Tax (16-1-408)
523,000	Wine Tax (16-1-411)
3,620,000	

Legislation Appropriations

Forensic Lab	143,835
ADAD Admin.	341,564
Pine Hills	29,669
Montana State Prison	51,424
Swan	28,383
Galen	1,595,609
TOTAL	2,190,484

Counties 85/15 Distribution (85% population) (15% land area)

1,429,516

Federal Block Grant Supplement + 371,697

1,801,213

FY 86 level

LIQUOR TAX DISTRIBUTION INFORMATION

LIQUOR TAXES

Total 26%

16% Excise Tax to state general fund — 16-1-401 MCA

10% License Tax as follows: — 16-1-404 MCA

- 65.5% Institutions Earmarked Alcohol Fund
- 4.5% Counties
- 30.0% Cities and Counties

WINE TAXES

27¢ Per liter collected from Distributors 16-1-411 MCA

16¢ per liter to state general fund

8.34¢ per liter to institutions earmarked fund

1.33¢ per liter to counties

1.33¢ per liter to cities and towns

BEER TAXES

$4.30 per Barrel

$1.80 to state general fund	16-1-406 MCA
1.50 to cities and towns	16-1-410 MCA
1.00 to Department of Institutions Earmarked alcohol fund	16-1-408 MCA

TABLE 1
ESTIMATED ALCOHOL TAX
FY 89

EARMARKED ALCOHOL REVENUE

Liquor License Tax (16-1-404)

3,236,641

30% Cities: 970,992

4.5% Counties: 145,649

65.5% DEPARTMENT OF INSTITUTIONS

2,120,000	Liquor Tax
190,000	Galen Collections
684,000	Beer Tax (16-1-408)
533,000	Wine Tax (16-1-411)
3,527,000	

Legislation Appropriations

Forensic Lab	143,232
ADAD Admin.	326,700
Pine Hills	29,760
Montana State Prison	51,424
Swan	28,617
Galen	1,595,609
TOTAL	2,175,342

Counties 85/15 Distribution (85% population) (15% land area): 1,351,658

Federal Block Grant Supplement + 449,555

FY 86 level: 1,801,213

LIQUOR TAX DISTRIBUTION INFORMATION

LIQUOR TAXES

Total 26%

16% Excise Tax to state general fund — 16-1-401 MCA
10% License Tax as follows: — 16-1-404 MCA
- 65.5% Institutions Earmarked Alcohol Fund
- 4.5% Counties
- 30.0% Cities and Counties

WINE TAXES

27¢ Per liter collected from Distributors 16-1-411 MCA

16¢ per liter to state general fund
8.34¢ per liter to institutions earmarked fund
1.33¢ per liter to counties
1.33¢ per liter to cities and towns

BEER TAXES

$4.30 per Barrel

$1.80 to state general fund	16-1-406 MCA
1.50 to cities and towns	16-1-410 MCA
1.00 to Department of Institutions Earmarked alcohol fund	16-1-408 MCA

TABLE 2

FY 88 AND 89 ESTIMATED ALCOHOL DISTRIBUTION BY COUNTY OF
ALCOHOL EARMARKED TAX AND BLOCK GRANT SUPPLEMENTAL TO MAINTAIN FY86 LEVEL

	FY88 Earmarked Tax Projected	FY88 Supplemental Block Grant	FY89 Earmarked Tax Projected	FY89 Supplemental Block Grant	FY88/89 Earmarked Tax & Block Grant Total
Beaverhead	20,839	5,419	19,704	6,554	26,258
Big Horn	24,556	6,385	23,219	7,722	30,941
Blaine	17,122	4,452	16,190	5,384	21,574
Broadwater	6,808	1,770	6,437	2,141	8,578
Carbon	15,562	4,046	14,715	4,893	19,608
Carter	7,668	1,994	7,251	2,411	9,662
Cascade	128,610	33,440	121,605	40,445	162,050
Chouteau	15,207	3,954	14,379	4,782	19,161
Custer	25,797	6,708	24,392	8,113	32,505
Daniels	6,510	1,692	6,155	2,047	8,202
Dawson	21,737	5,652	20,553	6,836	27,389
Deer Lodge	20,433	5,313	19,321	6,425	25,746
Fallon	8,224	2,138	7,776	2,586	10,362
Fergus	26,463	6,881	25,022	8,322	33,344
Flathead	87,873	22,848	83,087	27,634	110,721
Gallatin	69,945	18,186	66,135	21,996	88,131
Garfield	9,132	2,376	8,635	2,872	11,507
Glacier	20,795	5,407	19,662	6,540	26,202
Golden Valley	3,321	863	3,140	1,044	4,184
Granite	6,729	1,750	6,362	2,117	8,479
Hill	32,108	8,348	30,359	10,097	40,456
Jefferson	13,298	3,458	12,574	4,182	16,756
Judith Basin	6,862	1,785	6,489	2,158	8,647
Lake	31,648	8,229	29,924	9,953	39,877
Lewis & Clark	71,629	18,624	67,727	22,526	90,253
Liberty	5,722	1,488	5,410	1,800	7,210
Lincoln	32,909	8,557	31,116	10,350	41,466
Madison	8,022	2,085	7,585	2,522	10,107
McCone	13,623	3,543	12,881	4,285	17,166
Meagher	6,802	1,768	6,431	2,139	8,570
Mineral	7,481	1,946	7,074	2,353	9,427
Missoula	121,306	31,542	114,699	38,149	152,848
Musselshell	9,626	2,503	9,102	3,027	12,129
Park	23,436	6,093	22,159	7,370	29,529
Petroleum	3,454	898	3,266	1,086	4,352
Phillips	15,985	4,156	15,114	5,027	20,141
Pondera	12,827	3,336	12,129	4,034	16,163
Powder River	8,745	2,274	8,269	2,750	11,019
Powell	14,198	3,691	13,424	4,465	17,889
Prairie	5,390	1,401	5,096	1,695	6,791
Ravalli	38,269	9,950	36,184	12,035	48,219
Richland	21,984	5,717	20,787	6,914	27,701
Roosevelt	19,692	5,120	18,619	6,193	24,812
Rosebud	22,727	5,910	21,490	7,147	28,637
Sanders	17,503	4,551	16,550	5,504	22,054
Sheridan	10,865	2,825	10,273	3,417	13,690
Silver Bow	59,911	15,578	56,648	18,841	75,489
Stillwater	11,297	2,937	10,681	3,553	14,234
Sweetgrass	7,684	1,998	7,266	2,416	9,682
Teton	13,414	3,488	12,684	4,218	16,902
Toole	11,467	2,981	10,842	3,606	14,448
Treasure	2,969	772	2,807	934	3,741
Valley	23,177	6,026	21,914	7,289	29,203
Wheatland	5,740	1,493	5,428	1,805	7,233
Wibaux	3,593	935	3,398	1,130	4,528
Yellowstone	170,822	44,418	161,519	53,721	215,240
TOTAL	1,429,516	371,697	1,351,658	449,555	1,801,213

TABLE 3

ALCOHOL EARMARKED REVENUE ACCOUNT

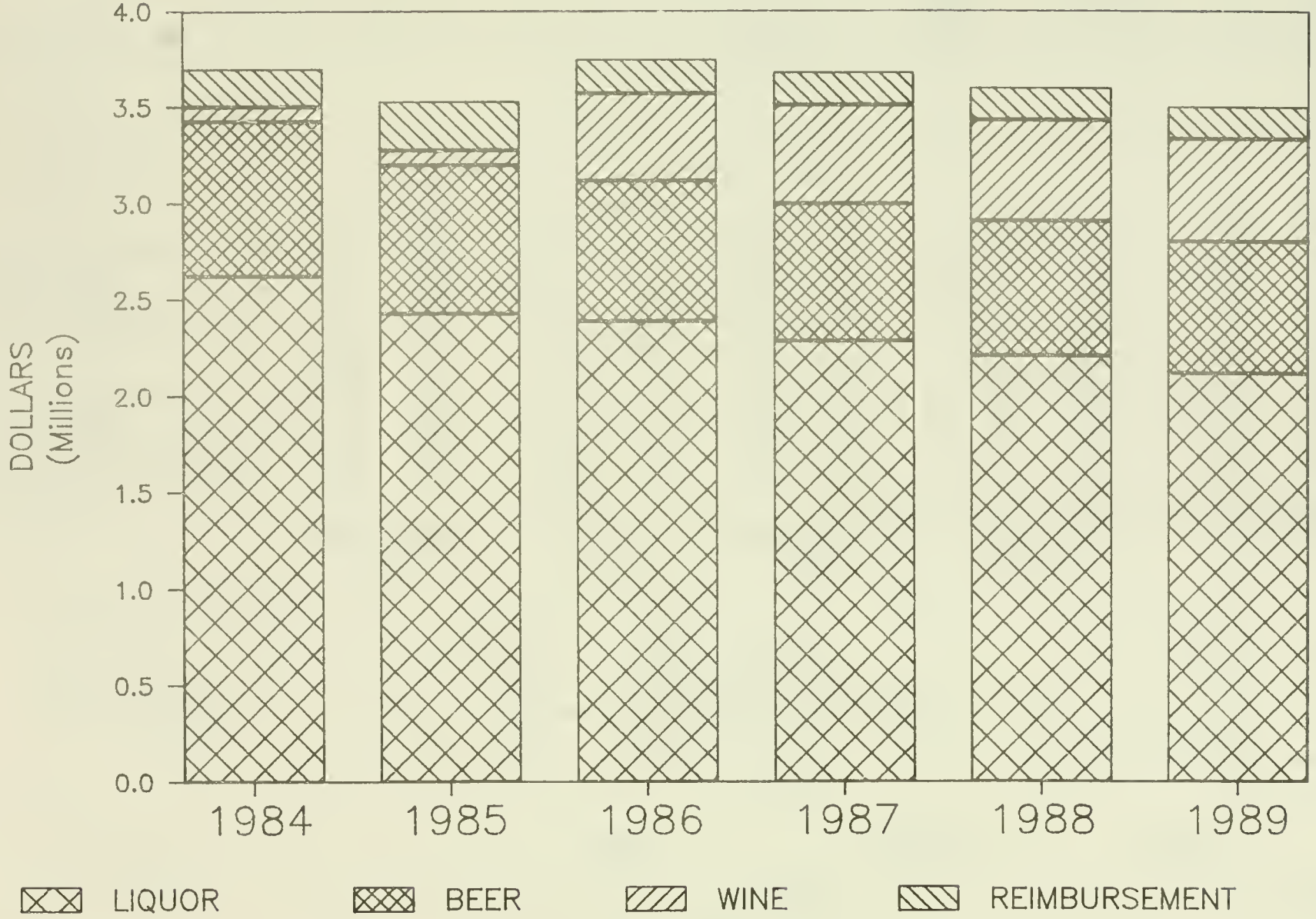


TABLE 4

DISCRETIONARY (FEDERAL BLOCK GRANT - ALCOHOL) FUNDING

FY 1987 - 1988

PROGRAM	FY 87 APPROVED Total	FY 87 APPROVED State	FY 88 REQUESTED Total	FY 88 REQUESTED State	ADAD Staff FY 88 RECOMMENDATION Total	ADAD Staff FY 88 RECOMMENDATION State	Advisory Council FY 88 RECOMMENDATION Total	Advisory Council FY 88 RECOMMENDATION State	FY 88 APPROVED Total	FY 88 APPROVED State	Number of Contracted Outpatient Clients/Mo
District II - Glendive	180,054	48,767	180,054	45,446	173,065	36,912	173,065	36,912	173,065	36,912	80
Chemical Dependency Serv. - Miles City	156,545	13,781	168,690	24,757	161,735	18,296	162,735	19,166	162,735	19,166	80
Medicine Pine Lodge - Browning	218,866	9,582	218,866	9,582	218,501	9,582	218,501	9,582	218,501	9,582	20
Northern Mt CD - Havre	4 beds/67.43	98,448	6 beds/69.45	152,096	6 beds/67.43	147,672 *	6 beds/67.43	147,672	6 beds/67.43	147,672	*
ADSCM - Lewistown	93,284	20,054	109,555	32,974	106,562	31,716	106,562	31,716	106,562	31,716	55
So. Cent. Mt. RMHC - Billings	181,746	35,819	331,913	35,820	331,913	35,820	331,913	35,820	331,913	35,820	120
SWCDP - Livingston	160,308	42,088	160,308	44,132	160,308	43,440	160,308	43,440	160,308	43,440	80
Butte Indian	113,807	-0-	37,430	25,528	2300 da/10.87	25,001	2300 bed/10.87	25,001	2300 bed/10.87	25,001	**
Anaconda/Deer Lodge Co.	56,851	13,843	58,151	17,164	57,157	13,276	57,157	13,276	57,157	13,276	30
Powell County - Deer Lodge	32,582	3,389	48,460	11,460	34,236	2,890	34,236	2,890	34,236	2,890	20
Boyd Andrew - Helena	1419 bed/29.30	41,576	1874 bed/32.61	61,110	1785 bed/29.22	52,450	1785 bed/29.22	52,450	1795 bed/29.22	52,450	***
Recovery N.W.- Libby	171,847	55,917	177,538	56,480	166,951	52,178	166,951	52,178	166,951	52,178	100
Ravalli County - Hamilton	79,374	9,506	73,167	8,316	7,307	6,132	71,307	6,132	71,307	6,132	30
TOTAL	1,445,264	392,770	1,564,132	524,865	1,481,735	475,365	1,482,735	476,235	1,482,735	476,235	615

*
** MMCD - Purchase of 2190 inpatient bed days
*** Butte Indian - Purchase of Transitional Beds
Boyd Andrew - Purchase of Transitional Beds

TABLE 5

DISCRETIONARY DRUG FUNDING
FY 1987 - 1988

OUT PATIENT	FY 87 Contract	FY87 Monthly Contracted Clients	FY87 Average Monthly Utilization	FY88 Proposed	FY88 Monthl Contrac Client
District II - Glendive	$ 27,461	18	18	$ 27,461	18
District III - Miles City	27,461	18	19	27,461	18
Providence - Great Falls	61,022	40	49	61,022	40
Rimrock - Billings	45,766	30	33	45,766	30
SCMRMHC - Billings	15,600	10	16	15,600	10
Gallatin Council - Bozeman	76,277	50	53	76,277	50
Butte/Silver Bow County	54,600	36	34	54,600	35
Anaconda/Deer Lodge County	40,560	26	28	40,560	26
Boyd Andrew - Helena	61,022	40	37	61,022	40
Recovery Foundation - Missoula	91,534	60	69	91,534	60
Salish/Kootenai - Ronan	29,193	19	19	29,193	19
Flathead Valley - Kalispell	53,396	35	43	53,396	35
Unidentified	0	0	0	12,204	8
TOTAL	$583,892	382	418	$596,096	389

Inpatient	Bed Days	Cost Per Day	Contract		Bed Days	Cost Per Day	Contract
Shodair - Billings	245	$67.43	$16,521		0	$ 0.00	$ 0
Rimrock - Billings	196	67.43	13,216		0	0.00	0
Frances Mahon Deaconess Hospital - Glasgow	0	0.00	0		365	67.43	24,612
TOTAL	441	$67.43	$29,737		365	$67.43	$24,612
GRAND TOTAL			$613,629				$620,708
General Fund		$208,612		General Fund		$215,200	
Federal Block Grant		405,886		Federal Block Grant		405,887	
Total Appropriation			$614,498				$621,087
Balance			$ 869				$ 379

- Contract Compliance - Monitoring the activities of chosen contractors to assure optimum performance and making appropriate contract enforcement actions if necessary.

The Department of Institutions administers statewide chemical dependency services based on the following activities:

- Planning - Approval of County Plans and preparation of a long term state plan for chemical dependency based upon needs and information identified in county plans and legislative priorities.

- Funding - Distribution of Department appropriated discretionary monies to state approved programs and the distribution of earmarked alcohol tax revenue to the counties.

- On-Site Program Evaluation and Approval - Department staff conduct, at least annually, intensive on-site reviews of providers to ensure compliance with state laws and standards and to determine program approval status.

- Certification. The Department will certify all chemical dependency counselors and educational course instructors D.U.I. (ACT) and M.I.P. employed in state approved programs.

- Collection of Treatment Statistics - The Department will collect treatment statistics from all state approved chemical dependency programs using the computerized Alcohol and Drug Information System [ADIS] and treatment statistics generated from on-site reviews.

As mandated by law, programs are state approved or disapproved on an annual basis according to specific approval criteria. A program must achieve and remain in approved status to qualify for any state and county alcohol and drug funds.

2.5 Contract Process and Contract Monitoring

The Department will continue to follow a standardized procedure for reviewing proposals and awarding discretionary contracts. A pre-grant/ contract Conference is held each year to inform applicants of the contract system, funding priorities and review criteria.

It is the responsibility of the Operations and Support Manager to monitor programmatic compliance of each contract and the Department's Management Services Division to monitor financial compliance and arrange for audits when necessary. Audits of service providers are coordinated through the Legislative Auditors office every two years.

2.6 Management Information System

The Department recognizes that accurate data is essential for efficient program planning, management and evaluation. The Department will collect and analyze statistical data from all state approved treatment facilities

according to state law, Section 53-24-208 MCA. All state approved chemical dependency programs report on the Alcohol and Drug Information System [ADIS] as a requirement of state approval.

Basic descriptive information about each client is collected at admission, discharge and follow-up [6 months after completion of treatment]. Information collected on the ADIS is used by the Department:

- to provide data comparing all programs using a standardized procedure
- to assist the Department in assessing the need for additional services and in determining contract levels
- to assist in evaluation and management of existing programs
- to analyze programs' client populations
- to respond to requests for information

Output reports which summarize ADIS data are distributed for use by each program on a monthly basis. The output contains information about each reporting program. The following output reports are sent to all programs on a regular basis:

Client Admission Characteristics Report - provides demographic and socioeconomic information at admission for alcohol/drug, family and DUI (ACT) clients.

90-Day Caseload Report - lists all treatment clients on active or inactive [not discharged] status at the end of each report month.

Monthly Summary Report - summarizes caseload, staffing, prevention and non-client contact information for all state approved programs during the report month.

Monthly Follow-Up Listing - lists all alcohol and drug clients who are due for a 6 month follow-up.

Program Effectiveness Report - summarizes follow-up information and measures client changes between admission and discharge and between admission and the mandatory 6 month follow-up.

The Department processes approximately 3,000 report forms each month. In addition to processing ADIS data, Department staff provide technical assistance and training to treatment personnel in data collection and data utilization.

2.7 Evaluation and Program Approval

Comprehensive on-site reviews of treatment programs are conducted on an annual basis prior to issuance of a state approval certificate. On-site reviews are conducted in accordance with 53-24-208 MCA and Volume 7, Title 20, Chapter 3 of the Administrative Rules of Montana. Procedures for conducting on-site evaluations have been published in the Montana Program Approval and Evaluation Manual for Alcoholism and Drug Abuse Treatment.

The purpose of the on-site program evaluation process is as follows:

- to approve or disapprove alcohol and drug programs
- to help ensure statewide compliance with state and applicable federal standards
- to improve program performance and client service levels
- to help achieve efficiency and economy in program operations
- to assist in the verification of program compliance with contract provisions
- to determine areas of needed technical assistance and training
- to gather data for development of additional state standards for program performance
- to collect treatment data to demonstrate program effectiveness
- to approve DUI (ACT) and MIP educational courses provided by state approved programs

Any chemical dependency program receiving alcohol earmarked revenue funds under 53-24-108, 206 MCA, Federal Block Grant funds or State General Fund is subject to approval by the Department of Institutions. The Department will issue approval for the following service components:

- Detoxification [emergency care] component
- Inpatient [hospital care] component
- Inpatient [free-standing care] component
- Intermediate [transitional living care] component
- Outpatient care component
- Education Courses [DUI (ACT), MIP]

Program Approval Process

Programs seeking approval for the first time or a program that proposes to add a new service must submit written application to the Department of Institutions. Within thirty days of receiving the application, the applicant will be notified in writing of acceptance or denial. If the application is accepted an on-site review will be scheduled.

All approved chemical dependency programs will receive at least one on-site evaluation per year. If a program is determined to be in substantial compliance with state requirements, the department will issue a certificate of approval to the program for one year. Any approved chemical dependency program that fails to meet substantial compliance will be issued a restricted approval which will be valid for not more than ninety days. Prior to expiration of the restricted approval, the Department will conduct a follow-up evaluation to determine if substantial compliance

has been obtained. In the event substantial compliance has been obtained, approval status will be granted. If the program fails to meet substantial compliance, the department will begin steps to revoke the program's approval status. When the department begins procedures to remove a program's approval status, the program may request a hearing in accordance with procedures specified in the Administrative Procedures Act. A listing of state approved chemical dependency treatment programs is published and made available quarterly by the Department.

Definitions relating to program approval are as follows:

Approval - a status granted to a chemical dependency treatment program determined to be in substantial compliance with state requirements and applicable federal requirements.

Limited Approval - a status of state approval granted to chemical dependency treatment programs which are requesting approval for the first time and that have not attained substantial compliance. Limited approval not to exceed six months is granted to give new programs time to comply with state standards.

Restricted Approval - a status of state approval granted to an approved chemical dependency program which has failed to maintain substantial compliance. Restricted status is issued for a maximum of ninety days in order to allow the program to meet substantial compliance. This approval cannot be renewed.

Revoke - invalidation of approval of a chemical dependency program.

Substantial Compliance - conformity with at least 70 percent of the rules and regulations for each applicable service component as published in the Administrative Rules of Montana.

Suspension - invalidation of approval of a chemical dependency program for any period less than one year or until the Department has determined substantial compliance and notifies the program of reinstatement.

2.8 Certification and Training

Certification

The State of Montana chemical dependency counselor certification system resulted from legislation passed by the 1981 legislative session (53-24-204 MCA), and is explained in full under sections 20.3.401 through 20.3.406 of the Administrative Rules of Montana. The system, fully operational since April 1, 1980, certifies all chemical dependency counselors employed in state approved programs, as well as those applicants who, for various reasons, wish to attain certified status.

Certification is based upon a point system. Points are given for work experience, college coursework, structured workshop training, performance on a written examination, oral examination, and performance ratings on a taped work sample.

Upon submission of a registration form, obtainable from the Department, each applicant is sent a certification package containing the information and forms from which precertification credits or points accrue. The number of points awarded, resulting from submitted documented information determines the applicants' progression through the examination process and subsequent certification.

All counselors and educational course (DUI & MIP) instructors employed in state approved chemical dependency programs must be certified. These persons are afforded a period of one year from the date of first employment as a counselor or instructor to attain certified status. All applicants must have a minimum of 70 points prior to being hired.

Recertification is mandatory after a three year period and requires the acquisition of 30 points from training and work experience during the allotted time. Failure to attain recertification results in certificate suspension until requirements are satisfied.

Training

Since the Department has no funding for training activities, all programs will be encouraged to provide regional or district training, charging minimal participant fees, and employing program or other available persons as trainers. The Department will provide training need priorities by summarizing training information supplied through the counselor certification system. If training funds should become available, the Department will consider contracting for special training events essential to all program operations.

A training calendar listing all available information pertaining to in-state and out-of-state training will be published and made available, on a quarterly basis, to chemical dependency programs and personnel. All proposed training presentations will be reviewed by Department staff to ensure compliance with certification requirements. Applicants for training approval will be notified of certification status.

3.0 SCOPE OF THE PROBLEM

3.1 Introduction to the Problem

Chemical dependency, along with cancer and heart disease, are among Montana's and the nation's most serious health problems. The devastating affects of alcohol and drug abuse cause serious problems for the health, safety and quality of life for all Americans.

This chapter will briefly present some information from both a national perspective and a state perspective to attempt to define the scope of the chemical dependency problems facing Montana and the entire nation.

3.2 National Perspective

The following are excerpts from "Toward A National Plan to Combat Alcohol Abuse and Alcoholism", a report to the United States Congress, September, 1986.

Basis for Concern

- In 1985 an estimated 18 million adults (18 years and older) were alcohol abusers or alcoholics and an estimated 4.6 million adolescents experienced alcohol problems.

- Of the 18 million adults with alcohol problems, 10.6 million were alcoholic, or persons who experienced symptoms of alcohol dependence. An additional 7.3 million persons were alcohol abusers or persons who experienced negative consequences of alcohol use (e.g. arrest, involvement in an accident, impairment of health or job performance) but had not shown signs of alcohol dependence (i.e., tolerance, withdrawal).

- Based on existing prevalence rates, projections to the year 1995 suggest an increase in the number of dependent alcoholics, from 10.6 million in 1985 to 11.4 million in 1995.

- In 1984, at least 18,500 traffic deaths in the United States were alcohol-related and in 1985 this rose to 22,360 (51%).

- Alcohol has been estimated to be a contributing factor in at least 7,300 to 8,400 fatal and 3.2 million nonfatal injuries in the home.

- Approximately 10% of occupational injuries are associated with alcoholism.

- Approximately 40% of suicide attempts involve alcohol, and some 16 to 40% of those who die by suicide were drinking at the time of the act.

- Alcohol is involved in approximately one-fourth to one-half of the marital violence cases, one-third of child molestation incidents, and 13% of child abuse cases.

- Alcohol-related medical consequences are significant causes of death. Liver cirrhosis alone, most often related to alcohol abuse and alcoholism, was the ninth leading cause of death in the United States in 1984 and is an even more common cause of death in large urban areas.

- Alcohol-related problems are among the chief causes of excess morbidity and mortality in several U.S. ethnic minority groups, such as Black Americans, Hispanic Americans and Native Americans.

- Based on findings by the Office of Technology Assessment of the U.S. Congress, alcohol abuse and alcoholism may be responsible for up to 15% of the Nation's health care costs.

- Alcohol-related problems are costly to our Nation's economy as well. Cost of illness data prepared for the National Institute on Alcohol Abuse and Alcoholism show that alcohol-related problems cost our society an estimated $116.9 billion in 1983.

Adolescent Problems (NIDA 1985 High School Survey)

- 66% of the High School seniors surveyed reported that they had used alcohol in the past month and 5% indicated daily use. 37% drank five or more drinks on at least one occasion, 2 weeks prior to the survey. However, these 1985 results were lower than those reported in the 1982 survey which were 70% use in the last month, 6% daily use and 41% having five or more drinks 2 weeks prior to the survey. Despite the decline in alcohol use the proportion of users remains high as 92% of the seniors surveyed in 1985 reported having used alcohol at least once.

- The survey indicated a halt in a previous four year decline in overall illicit drug abuse among high school seniors. Cocaine use increased among seniors in 1985 as use in the prior 20 days from 4.9% in 1983 to 6.7% in 1985. The steady declines in marijuana use since 1979 halted with 26% using in the prior 30 days and 5% indicating daily use. 54% reported ever using.

- After marijuana, amphetamines constitute the second largest class of illicitly used drugs. 68% use at 30 days prior to the survey, and 26% reporting ever using for non-medical purposes.

- Overall, some 61% of the Seniors admitted trying an illicit drug at some time in their lives.

Women Problems (Alcohol and Health Sixth Special Report to Congress, NIAAA, 1987)

- Women experience fewer alcohol related problems than men with 16% of male and 6% of female drinkers reporting personal problems with alcohol use. However, women have higher levels of reported problem consequences when higher levels of consumption is considered.

- Women surveys conducted in the 80's when compared with those in the 70's reveal no evidence of major increase in total alcohol consumption by women. However, middle aged women (35-64) showed an apparent increase.

- Researchers indicate a strong association between domestic violence and rape and high levels of alcohol. Also, dysmenorrhea, hearing, menstrual flow, premenstrual discomfort, miscarriage, stillbirth, premature birth, birth defects and infertility are all found to be associated with high levels of alcohol consumption.

Native American Problems (Alcohol and Health, Sixth Special Report to Congress, NIAAA, 1987)

- Native Americans have rates of alcohol abuse and alcoholism several times higher than the general population (3 times more likely to be heaviest drinkers). However, drinking practices vary widely across tribal groups.
- Alcohol problems among Native Americans appear to have strong correlation with economic factors such as unemployment and low income levels. Some tribes have proportionately fewer drinking adults than the general population (30% vs 67%) while the numbers of drinkers in other tribes is 69% to 80%.

Clearly, the prevalence of alcohol-related problems has implications for the health, social and economic well-being of individuals as well as savings to government and to taxpayers, and reducing them should be of priority concern to the Nation.

A National Course of Action

Review of available data provided the following information for use in developing objectives and strategies for combatting alcohol abuse and alcoholism:

- Alcohol abuse and alcoholism are treatable. There is increasing evidence that treatment for alcohol abuse and alcoholism not only is effective, but that other health-related costs to the individual and society decline significantly following such treatment.

- The economic and social costs of alcohol abuse and alcoholism affect the entire population, not just alcoholics and their families, and are great enough to warrant assigning high priority to their reduction.

- Projections to 1995 indicate that the number of alcoholics will increase. Therefore, priority should be given to reducing the incidence of alcoholism by reducing the number of persons at risk through primary prevention strategies and to reducing the prevalence of alcoholism through effective diagnosis, early intervention, and treatment strategies.

- An effective and comprehensive attack on alcohol-related problems will depend upon close cooperation between the federal, state, local and private sectors.

- The states are the principal architects of alcohol-related programs and policies. The success of a national plan depends on the degree to which the states play a key role in further formulating and refining the needs, objectives and strategies which will define the National's course of action in combatting alcohol abuse and alcoholism.

- The prevalence of alcohol-related problems and the resources, both human and economic, to address them vary in different parts of the country. A national plan must be flexible enough to allow the individual States as well as local governments to focus their energies on their areas of greatest need in ways that will achieve the greatest reductions in alcohol problem prevalence.

3.3 State Perspective

The Department of Institutions collects individual client treatment data using the computerized Alcohol and Drug Information System. Treatment data included in this plan is obtained from state approved chemical dependency programs. Programs that are not state approved do not report statistical information to the Department.

Data obtained from the Department's computerized reporting system is used to determine demographic and socioeconomic information, usage trends, utilization rates, treatment outcomes and to identify high risk populations.

The Department also uses statistics and information obtained from the Montana Highway Patrol, Department of Health and Environmental Sciences, county plans, Montana Board of Crime Control, and other sources which provide an indication of chemical dependency related problems.

Alcoholism is one of the most serious health problems facing Montana today. It is an illness that can be arrested but not cured and can cause other serious diseases such as heart conditions and cirrhosis, all of which shorten the life span of their victims. Alcoholism impacts many areas of the state's concern from traffic fatalities to child abuse.

As indicated in the previous section the federal government estimates that approximately 18 million (11%) of the adult population are alcoholic, alcohol abusers or experiencing major alcohol problems, while 4.6 million (7%) of the adolescents experience problems. This represents 10% of the entire population of the United States. It was noted that Native Americans may have approximately three times the number of alcoholism or alcohol abusers per capita than the general population. For planning purposes, an additional 1% will be added to the national 10% figure (11%) for Montana to include drug abusers other than alcohol and also taking into account Montana's high per capita consumption ranking (upper 1/3 percentile). This plan will utilize 33% of the Native American population (3 times that of the non-Indian population) as alcohol and drug abusers. (See table 6).

- Almost 100,000 Montanans are estimated to suffer problems from chemical dependency (See table 6 for Estimated Alcohol and Drug Abusers by Region). Each may affect the lives of at least four others. This means that 400,000 Montanans from among the abusers' families, friends, co-workers and employers indirectly suffer the effects of alcohol abuse. This represents almost one half of the entire state's population.

- State approved chemical dependency programs have averaged over 5,700 first admissions per year since 1980 (See Table 7). It appears that treatment admissions peaked in 1984 and have shown a decrease in both 1985 and 1986.

- Treatment of youth 17 years and younger has increased from 7% of first admissions to state approved programs in 1980 to 14% in 1986. Admissions for clients between the ages of 18-20 have increased from 8% of the treatment population in 1980 to 10% in 1986. First admissions of young adults between the ages of 21-25 have increased from 14% of the treatment population in 1980 to 17% in 1986. Age group of 45-64 has decreased from 23% in 1980 to 11% in 1986 (See Table 8). This reflects that Montana's treatment population is getting younger each year.

- Since more punitive DUI legislation was enacted in October 1981, first admissions to Montana's Court Schools for DUI offenders have more than tripled between 1981 (1,550) and 1985 (4,510). However, in 1986, admissions to court school began to level off and even drop (3,768) (See Table 9). DUI convictions also began to decrease from 8,102 in 1985 to 7,000 in 1986 (See Table 10).

- 41% of all persons killed on Montana highways in 1986 were alcohol related accidents. This is a 48% reduction from the 1981 level. In 1985, 36% of the traffic fatalities represented people under the age of 25 (See Table 10).

- According to Alcohol Epidemiologic Data System (contracted by NIAAA), Montana consistently ranks high nationally in alcohol beverage consumption and had averaged 12th from 1980 until 1983. However, in 1985, Montana slipped to 19th in per capita consumption which equals the 1970 level (See Table 11).

- According to 1985 data published by the Bureau of Records and Statistics, accidents are the fourth leading cause of death in Montana following heart disease, cancer and strokes. Almost half (48%) of the accidental deaths were attributable to motor vehicle accidents. Accidents involve younger people and are the leading cause of deaths from ages 4-44. Seventy percent of all accidental deaths in the 15-24 year age group resulted from motor vehicle accidents; 59% of deaths from all causes in the 15-24 age group were from accidents (See Table 12).

- Cirrhosis of the liver ranks as the fourth leading cause of death in the 45-54 year age group and fifth in the 55-64 year age group. (See Table 13) Cirrhosis deaths in Montana have dropped from 13.8 per 100,000 in 1981 to 9.9 per 100,000 in 1986 (See Table 13).

TABLE 6

ESTIMATED ALCOHOL AND DRUG ABUSERS BY REGION

	REGION	TOTAL POPULATION	POPULATION (Non-Indian)	ESTIMATED ABUSERS (Non-Indian)		POPULATION (Indian)	ESTIMATED ABUSERS (Indian)		TOTAL ABUSERS
I.	Eastern	101,000	92,700	10,197	(11%)	8,300	2,739	(33%)	12,936
II.	North Central	142,500	129,500	14,245	(11%)	13,000	4,290	(33%)	18,535
III.	South Central	173,400	165,100	18,161	(11%)	8,300	2,739	(33%)	20,900
IV.	Southwestern	189,800	187,200	20,592	(11%)	2,600	858	(33%)	21,450
V.	Northwestern	212,300	206,000	22,660	(11%)	6,300	2,079	(33%)	24,739
	TOTAL	819,000	780,500	85,855		38,500	12,705		98,560

TOTAL ESTIMATED ABUSERS 98,560

*Based on 1986 Estimated Census Projection of Population, U.S. Department of Commerce, Bureau of the Census. Due to continued economic and migration changes within the state, 1986 projections were used instead of 1990.

CHEMICAL DEPENDENCY ADMISSIONS

First Admissions, By Year of Admission

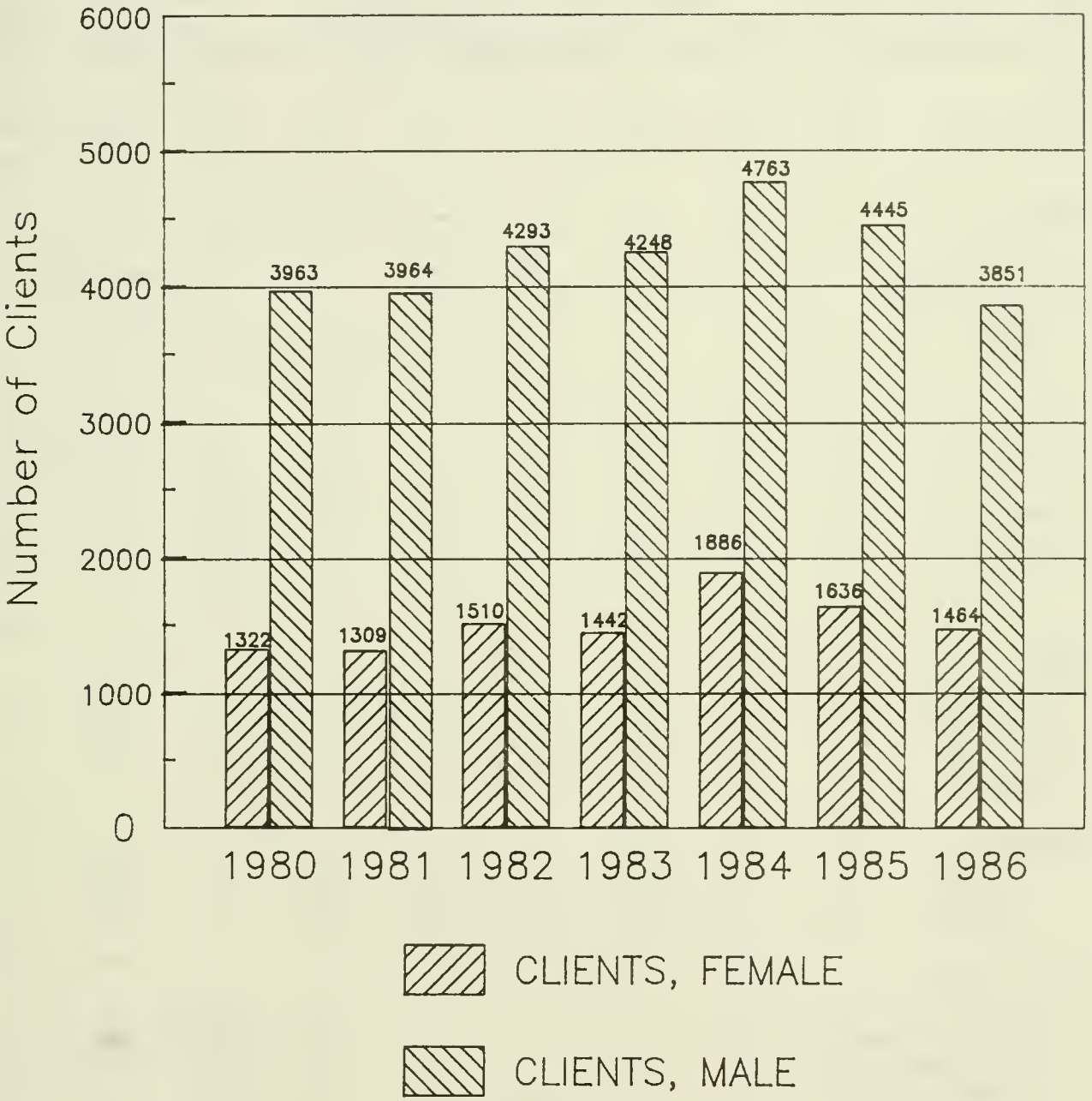


TABLE 8

STATE TOTAL
Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 (in percents)

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	5,285	5,273	5,803	5,690	6,649	6,081	5,319
SEX							
Male	75%	75%	74%	75%	72%	73%	72%
Female	25	25	26	25	28%	27%	28%
RACE							
White	79	83	83	83	84	84	83
Black	1	.5	1		.5	.3	.4
Native American	19	15	15	15	14	14	15
Hispanic	1	.5	1	2	1.5	1.7	1.6
Other							
AGE							
0-17	7	8	11	10	13	14	14
18-20	8	9	12	12	12	11	10
21-25	14	15	16	19	19	18	17
26-30	14	15	15	16	16	16	17
31-44	31	31	29	28	27	28	30
45-64	23	19	15	13	12	11	11
65+	3	3	2	2	1	2	1
MARITAL							
Never Married	33	35	42	44	45	46	47
Married	32	32	27	28	28	28	27
Separated	6	6	7	6	6	5	6
Divorced	25	24	21	20	19	19	19
Widowed	4	3	3	2	2	2	1
EMPLOYMENT							
Full-Time	30	31	26	28	30	28	26
Part-Time	5	6	9	9	8	8	8
Unemployed	65	63	65	63	62	64	66
HEALTH INSURANCE							
None			58	60	54	55	56
Medicaid/Medicare			6	5	5	6	6
Blue Cross/Blue Shield			9	7	11	12	12
Private Insurance			12	13	15	11	12
Other			15	13	15	16	14

TABLE 9

STATE TOTAL
DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 (in percents)

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	1,219	1,550	2,800	3,596	4,123	4,510	3,768
SEX							
Male	87%	84%	85%	84%	82%	82%	82%
Female	13	16	15	16	18	18	18
RACE							
White	91	93	85	88	88	89	85
Black		.5	.5			.3	.1
Native American	6	5	8	11	10	10	13
Hispanic	2	1	1	1	2	.7	1.9
Other	1	.5	.5				
AGE							
0-17	3	3	2	3	1	2	1
18-20	13	14	15	12	12	11	10
21-25	22	21	22	23	24	24	22
26-30	15	15	17	18	18	18	19
31-44	26	28	25	27	28	29	30
45-64	19	16	17	16	15	14	15
65+	2	3	2	2	2	2	3
MARITAL							
Never Married	43	43	46	44	44	46	45
Married	33	34	32	31	30	29	29
Separated	3	3	3	4	4	4	4
Divorced	18	18	17	19	20	19	20
Widowed	3	2	2	2	2	2	2
EMPLOYMENT							
Full-Time	67	62	56	54	54	59	-
Part-Time	9	10	11	11	13	16	-
Unemployed	24	28	33	35	33	35	-
HEALTH INSURANCE							
None			39	45	47	44	-
Medicaid/Medicare			4	4	4	4	-
Blue Cross/Blue Shield			14	11	12	12	-
Private Insurance			23	20	24	20	-
Other			20	14	13	14	-

TABLE 10

ALCOHOL RELATED TRAFFIC ACCIDENTS

National - 1985

All Fatalities	Alcohol Related Fatalities	Percent
43795	22360	51%

MONTANA 1978-1986

Year	All Fatalities	Alcohol Related Fatalities	% Alcohol Fatalities
1978	271	154	56.8%
1979	332	164	49.4%
1980	325	187	57.5%
1981	338	211	62.4%
1982	254	159	62.6%
1983	286	165	57.7%
1984	238	111	46.6%
1985	223	118	52.9%
1986	222	109	41.1%

Montana Traffic Fatalities Reduced 34% from 1981-1986
Montana Alcohol Related Fatalities Reduced 48% from 1981-1986

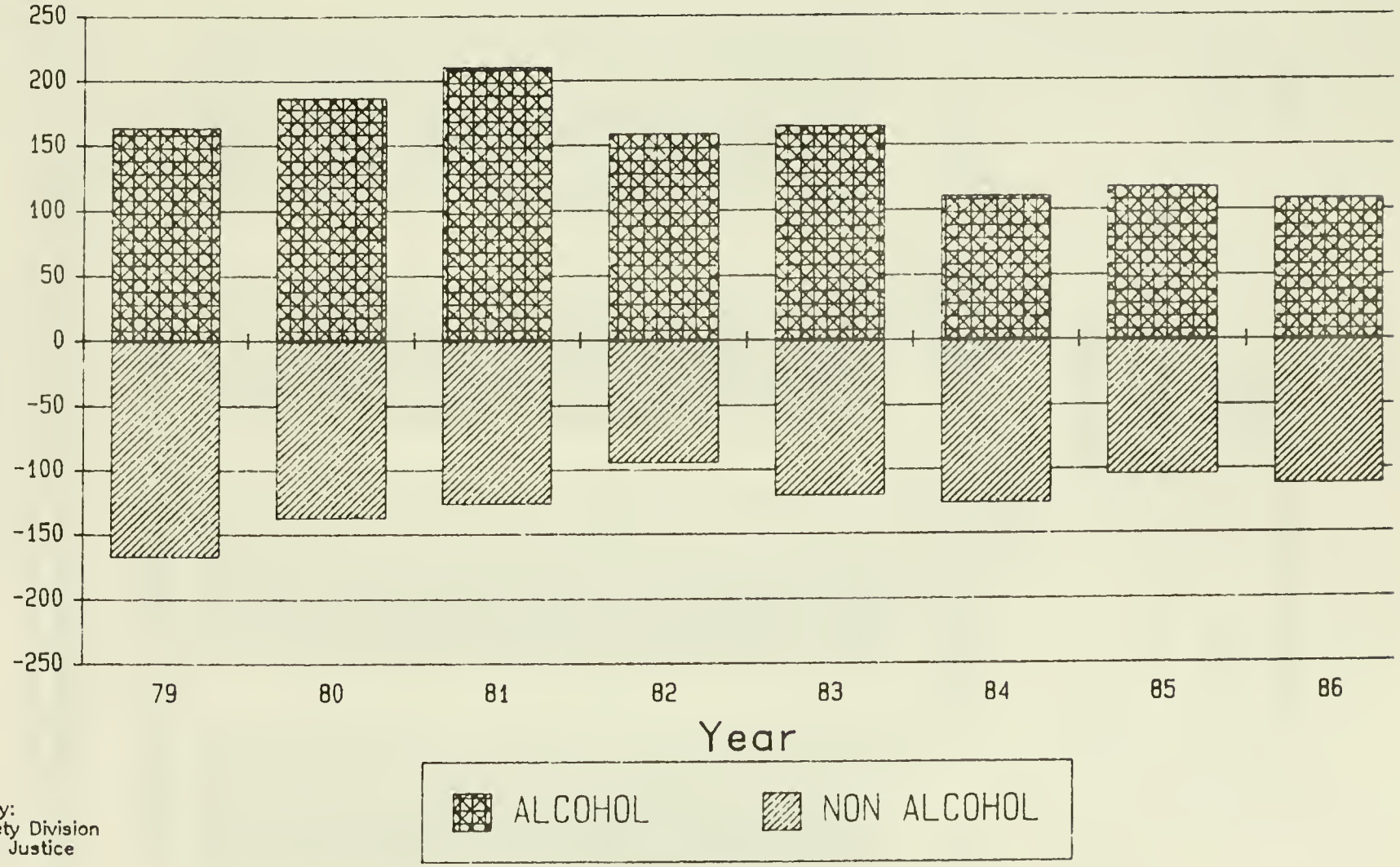
MONTANA ALCOHOL RELATED FATALITIES AND INJURIES BY AGE - 1985

Age	Fatalities	Injuries
0-19	19	785
20-24	24	615
25-34	39	655
35-44	19	262
45-54	8	106
55-64	4	77
65-74	3	36
75+	2	10
TOTAL	118	2546

MONTANA DUI CONVICTIONS 1981-1986

Year	Conviction
1981	3071
1982	3944
1983	5856
1984	6261
1985	8102
1986	7000

Montana Fatalities



Prepared by:
Highway Traffic Safety Division
Montana Dept. of Justice

TABLE 11

MONTANA

History of Per Capita Consumption in Gallons of Absolute Alcohol

1970 - 1985

YEAR	Montana Gallons per Person	United States Gallons Per Person	Montana's Rank
1970	2.70	2.53	18
1975	3.26	2.58	17
1976	3.27	2.60	12
1977	3.12	2.64	11
1978	3.10	2.71	13
1979	3.29	2.75	13
1980	3.21	2.76	12
1981	3.28	2.76	12
1982	3.17	2.72	13
1983	3.09	2.69	12
1984	2.95	2.65	14
1985	2.78	2.58	19

Per capita consumption in gallons of absolute alcohol
Population - 14 years of age and older

Source: Alcohol Epidemiological Data System CSR Inc., under contract #281-82-0003, Division of Biometry and Epidemiology, NIAAA. August 1976.

PER CAPITA CONSUMPTION OF ABSOLUTE ALCOHOL IN GALLONS

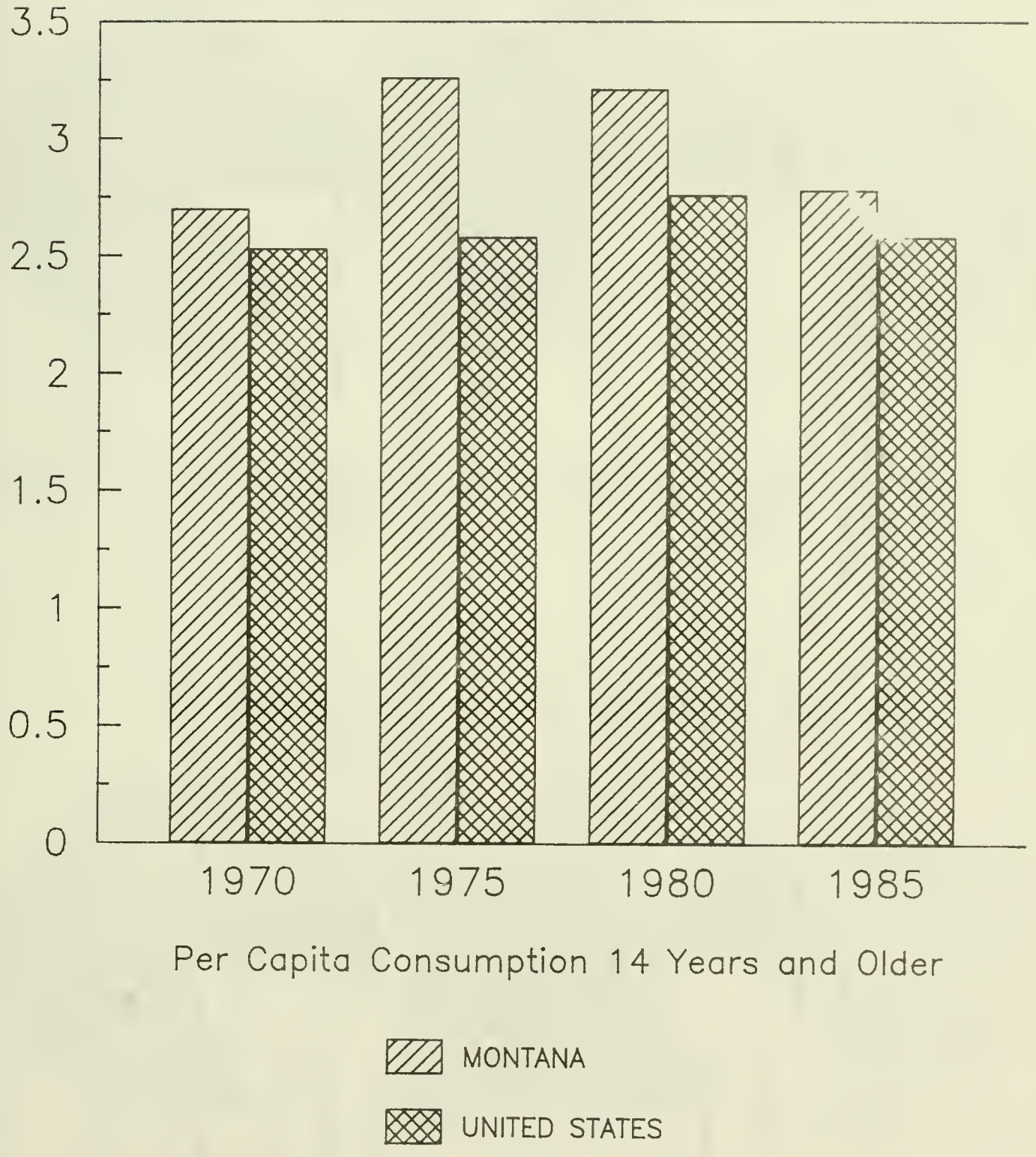
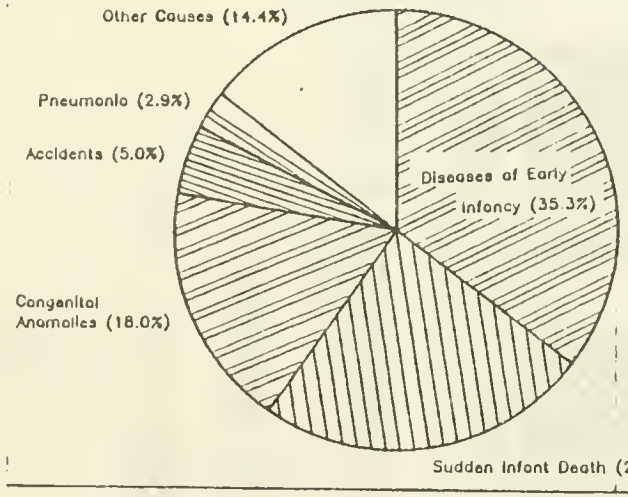


Table 12

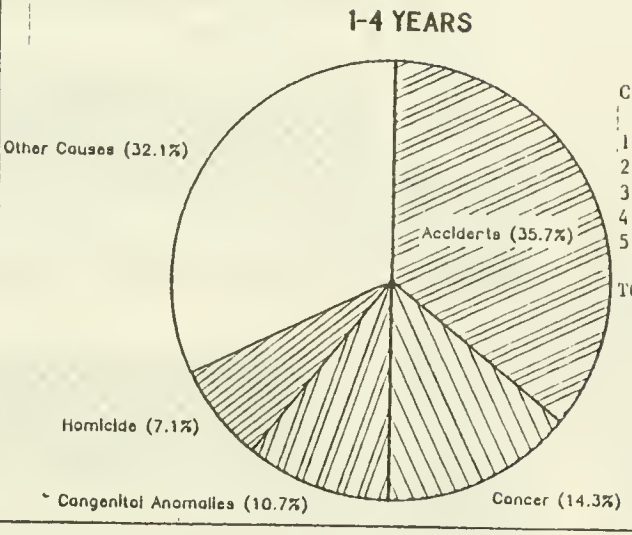
LEADING CAUSES OF DEATH BY AGE GROUP
Montana, 1985
(By place of residence)

UNDER 1 YEAR



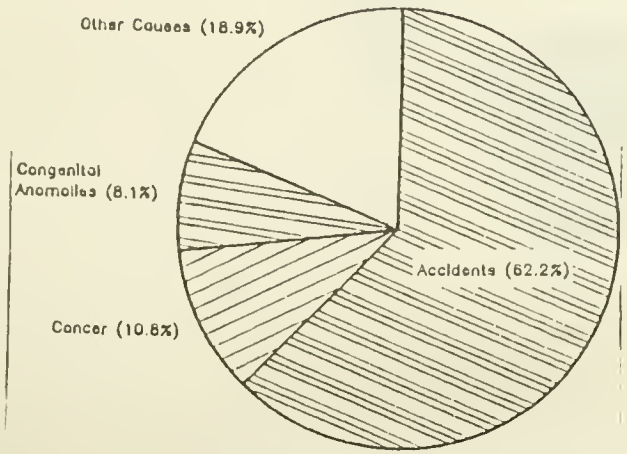
Cause of Death	Number of Deaths
1. Diseases of Early Infancy	49
2. Sudden Infant Death	34
3. Congenital Anomalies	25
4. Accidents	7
5. Pneumonia	4
6. Other Causes	20
TOTAL DEATHS	139

1-4 YEARS



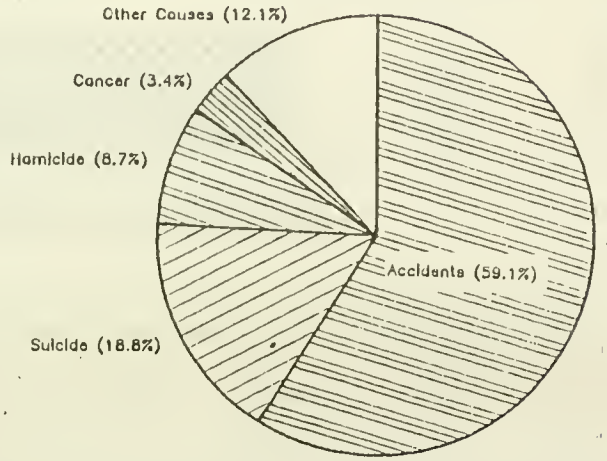
Cause of Death	Number of Deaths
1. Accidents	10
2. Cancer	4
3. Congenital Anomalies	3
4. Homicide	2
5. Other Causes	9
TOTAL DEATHS	28

5-14 YEARS



Cause of Death	Number of Deaths
1. Accidents	23
2. Cancer	4
3. Congenital Anomalies	3
4. Other Causes	7
TOTAL DEATHS	37

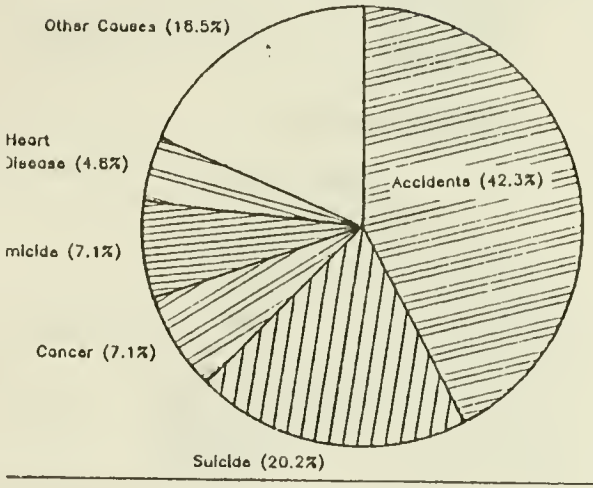
15-24 YEARS



Cause of Death	Number of Deaths
1. Accidents	88
2. Suicide	25
3. Homicide	13
4. Cancer	5
5. Other Causes	18
TOTAL DEATHS	149

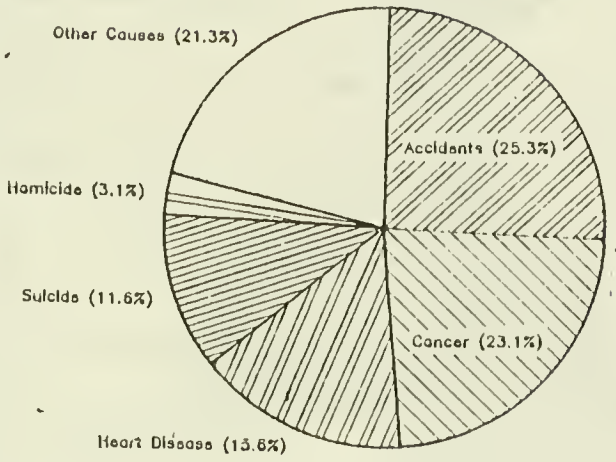
TABLE 12

25-34 YEARS



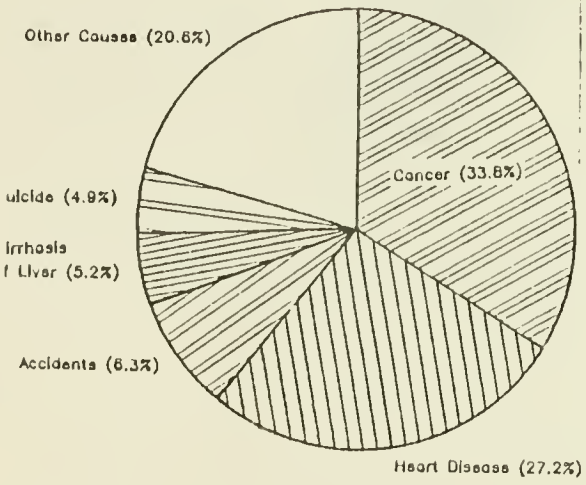
Cause of Death	Number of Deaths
1. Accidents	71
2. Suicide	34
3. Cancer	12
4. Homicide	12
5. Heart Disease	8
6. Other Causes	31
TOTAL DEATHS	168

35-44 YEARS



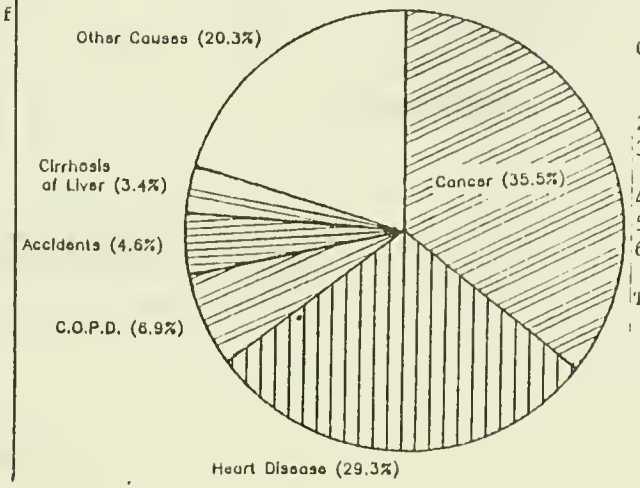
Cause of Death	Number of Deaths
1. Accidents	57
2. Cancer	52
3. Heart Disease	35
4. Suicide	26
5. Homicide	7
6. Other Causes	48
TOTAL DEATHS	225

45-54 YEARS



Cause of Death	Number of Deaths
1. Cancer	118
2. Heart Disease	95
3. Accidents	29
4. Cirrhosis of Liver	18
5. Suicide	17
6. Other Causes	72
TOTAL DEATHS	349

55-64 YEARS

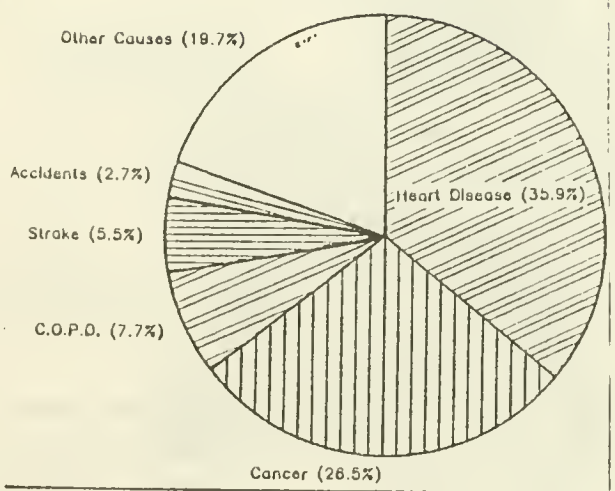


Cause of Death	Number of Deaths
1. Cancer	280
2. Heart Disease	231
3. Chronic Obstructive Pulmonary Diseases	54
4. Accidents	36
5. Cirrhosis of Liver	27
6. Other Causes	160
TOTAL DEATHS	788

Table 10, Continued

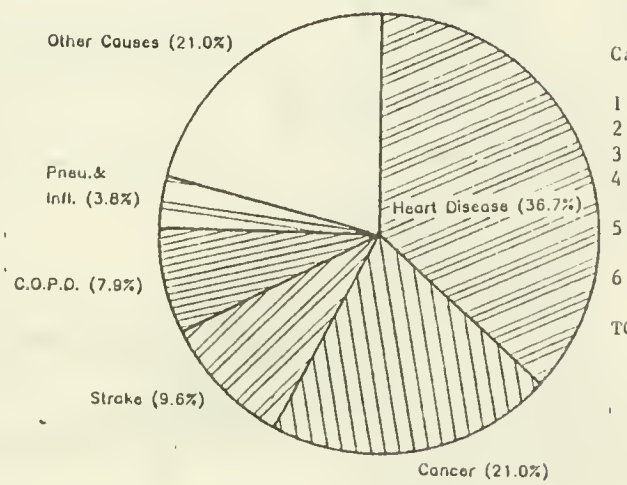
LEADING CAUSES OF DEATH BY AGE GROUP
Montana, 1985
(By place of residence)

65-74 YEARS



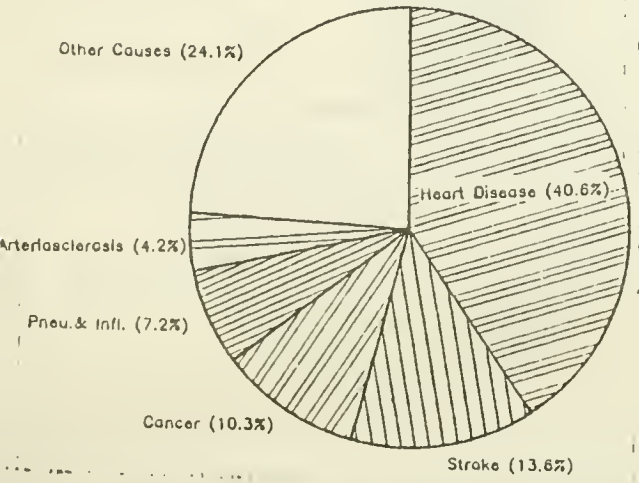
Cause of Death	Number of Deaths
1. Heart Disease	553
2. Cancer	438
3. Chronic Obstructive Pulmonary Diseases	119
4. Stroke	85
5. Accidents	41
6. Other Causes	303
TOTAL DEATHS	1,539

75-84 YEARS



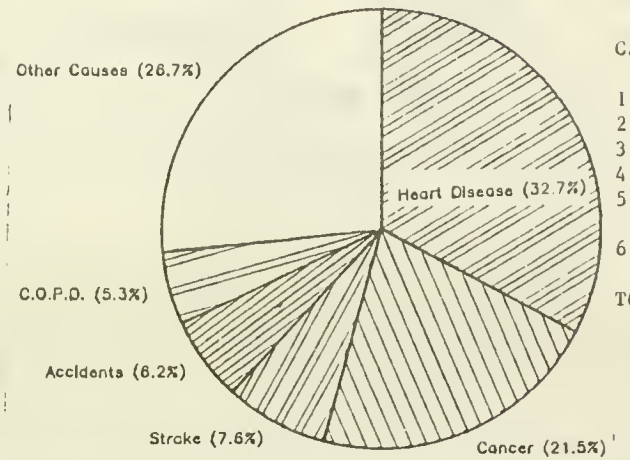
Cause of Death	Number of Deaths
1. Heart Disease	659
2. Cancer	377
3. Stroke	173
4. Chronic Obstructive Pulmonary Diseases	141
5. Pneumonia and Influenza	68
6. Other Causes	376
TOTAL DEATHS	1,794

85 YEARS AND OVER



Cause of Death	Number of Deaths
1. Heart Disease	612
2. Stroke	205
3. Cancer	155
4. Pneumonia and Influenza	108
5. Arteriosclerosis	64
6. Other Causes	364
TOTAL DEATHS	1,508

ALL AGES



Cause of Death	Number of Deaths
1. Heart Disease	2,201
2. Cancer	1,445
3. Stroke	509
4. Accidents	417
5. Chronic Obstructive Pulmonary Diseases	357
6. Other Causes	1,796
TOTAL DEATHS	6,725

TABLE 13

MONTANA

DEATHS DUE TO
CIRRHOSIS OF THE LIVER*

1976 - 1986

Year	Number of Cirrhosis Deaths	Deaths Per 100,000 Population**
1976	119	14.8
1977	100	12.6
1978	107	13.4
1979	64	8.1
1980	100	12.8
1981	109	13.8
1982	91	11.6
1983	97	12.3
1984	84	10.6
1985	89	11.3
1986	78	9.9

* Montana Department of Health and Environmental Sciences
Bureau of Records and Statistics
ICD Rubric 571 , 9th Rev.

** Based on Total Population 1970 and 1980 Census

TABLE 14

Primary Drug of Abuse at First Admission

Calendar Year 1986

Drugs of Abuse by Region	None	Alcohol	Opiates	Barbs	Amphet-amines	Cocaine	Hash/ Marijuana	Hallucin-ogens	Inhalents	Tranqui-lizers	Other	Total
Region I	1	386	5	6	19	22	68	4	1	10	0	522
Region II	1	738	15	8	17	40	121	5	1	7	4	957
Region III	0	535	15	3	39	28	97	3	0	15	5	740
Region IV	2	679	21	7	47	48	174	13	7	13	3	1,014
Region V	4	685	23	9	36	59	216	12	13	10	4	1,054
Calen ASC	0	760	9	0	5	13	16	1	1	0	0	805
Calen-Lighthouse		6	7	0	6	13	15	5	0	0	0	52
Correctional Programs	1	81	2	2	3	9	55	5	0	0	0	158
TOTAL	9	3,870	97	35	172	232	762	48	23	55	16	5,319
PERCENT	0%	73%	2%	1%	3%	4%	14%	1%	1%	1%	0%	100%

- Admissions to treatment by females has remained relatively stable increasing slightly from 25% of total admissions in 1980 to 28% in 1986. Females comprise 70% of the family member admissions. Female admissions to DUI Programs (ACT) have increased from 13% of the total in 1980 to 18% in 1986 (See Table 7).

- Admissions to treatment by Native Americans have remained stable at approximately 15% of total admissions. This figure is not reflective of the actual problem as only 3 out of 7 Indian Reservation Programs report data to the Department.

- Montana has a serious multi-drug problem with a total of 1,440 admissions (29%) out of 5,319 first admissions reporting a primary drug problem other than alcohol in 1986 (See Table 14).

- Out of the 5,319 first admissions, 50% reported two drug problems and 25% reported three drug problems.

- Other than alcohol, marijuana is the most frequently reported drug of abuse at admission followed by cocaine and amphetamines.

- First admissions to treatment centers for family members have doubled in the last six years from 1,469 in 1980 to 2,948 in 1986.

Montana continues to face a serious chemical dependency problem. However, over the last five years, several prevalence indicators have leveled off or have decreased. Alcohol consumption dropped dramatically in Montana from 3.28 gallons per person in 1981 to 2.78 gallons in 1985; alcohol related traffic fatalities down 48% from 1981-1986; cirrhosis deaths less than 10 per 100,000 rate in 1986 (first time since 1979) and treatment admissions to chemical dependency programs down 20% between 1984 and 1986. Although these indicators may demonstrate that Montana is beginning to turn the corner in its battle against chemical dependency, there is still a long way to go. Congressmen, legislators, local government officials, private industry and the public must continue to support prevention, education and treatment efforts throughout the State.

A State Course of Action

State and Counties

- Continue to maintain current levels of service statewide with outpatient services available in each county.

- Ensure the greatest utilization of available public funds by discouraging duplication of services.

- Assure that state approved programs continue to provide quality services at optimum levels and in an efficient manner.

- Assure that state approved treatment services provide a continuum of care and clients are not lost in the referral process.

- Assure that special populations (minorities, youth, women, aged) receive adequate services.

- Within the available resources, provide needed services identified in the county and state planning process.

Service Providers

- Continue to work together as a total service network to ensure coordination of services and a continuity of care for Montanans needing assistance.

- Continue to decrease dependence on public funding through increased service revenue collections.

- Continue to maintain high quality services and a high degree of staff professionalism.

3.4 State Operated Programs - Data Highlights

State Operated Programs

There are five chemical dependency programs operated by the state at four institutional settings. The Montana Alcohol Service Center (ASC), a 72 bed inpatient (28 day) adult program and the Lighthouse Drug Treatment Center, a 15 bed long term (90 day) inpatient drug treatment program, are located at the Montana State Hospital, Galen campus. Eight of the 72 beds at the ASC are reserved for inmates from the Montana State Prison. This prevents the ASC from admitting adolescents under the age of eighteen. The Montana State Hospital is part of the Department of Institutions.

Correctional chemical dependency programs at Montana State Prison, and Swan River Forest Camp are under programmatic and administrative supervision of the Department of Institution's Corrections Division. Pine Hills School for Boys operates under the Department of Family Services. The chemical dependency counselors at these facilities report treatment information to the Alcohol and Drug Abuse Division on the computerized reporting system.

Data Highlights - Montana State Hospital, Galen Campus

- The Montana State Hospital's ASC at Galen has averaged over 900 first admissions per year since 1980. Lighthouse admits approximately 50 clients per year (See Table 15).

- The number of clients between the ages of 18-20 at Galen's ASC has increased from 6% of the total treatment population in 1980 to 7% in 1986. The number of clients between the ages of 21-25 has increased from 14% of the treatment population in 1980 to 22% of the population in 1986. Lighthouse has consistently treated younger persons with 77% of their clients being younger than thirty.

TABLE 15

CALEN
Primary Client Characteristics at Admission to
The Alcohol Service Center, Montana State Hospital, First Admissions

For Calendar Years 1980-1986 (In Percents)

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	969	920	1,013	904	889	872	805
SEX							
Male	79%	82%	80%	82%	81%	77%	79%
Female	21	18	22	18	19	23	21
RACE							
White	82	83	82	78	78	81	80
Black	1		1	1	1	.3	.2
Native American	16	14	16	19	19	17	17
Hispanic	1	2	1	2	2	1.7	1.8
Other		1					
AGE							
0-17	2	2	2		0	0	0
18-20	6	6	9	8	7	7	7
21-25	14	17	18	21	22	24	22
26-30	12	14	14	18	18	19	23
31-44	34	36	33	32	33	34	34
45-64	28	22	21	17	18	14	13
65+	4	3	3	3	2	2	1
MARITAL							
Never Married	29	30	33	33	33	35	40
Married	27	26	23	21	23	23	21
Separated	8	9	9	7	10	8	9
Divorced	33	31	32	36	30	31	28
Widowed	3	4	3	3	4	3	2
EMPLOYMENT							
Full-Time	18	17	11	10	7	10	7
Part-Time	1	1	3	3	4	6	5
Unemployed	81	82	86	87	89	84	88
HEALTH INSURANCE							
None			82	86	87	86	87
Medicaid/Medicare			8	7	9	8	9
Blue Cross/Blue Shield			3	2	1	2	2
Private Insurance			5	3	2	2	1
Other			2	2	1	2	1

TABLE 15

LIGHTHOUSE
Primary Client Characteristics at Admission to
Lighthouse Drug Treatment Center - First Admissions

For Calendar Years 1982-1986 (Actual Numbers)

Client Characteristics	1982	1983	1984	1985	1986
Total 1st Admissions	37	38	30	36	52
SEX					
Male	30	34	24	25	36
Female	7	4	6	11	16
RACE					
White	33	33	29	30	50
Black			1	1	0
Native American	4	4		5	2
Hispanic				0	0
Other		1		0	0
AGE					
0-17	2	1	2	1	0
18-20	10	13	4	1	10
21-25	13	8	11	13	18
26-30	6	9	9	6	12
31-44	5	6	3	13	11
45-64	1	1	1	2	1
65+	4	3	0	0	0
MARITAL					
Never Married	23	22	21	15	27
Married	5	4	1	9	10
Separated			4	3	3
Divorced	8	11	4	9	12
Widowed	1	1	0	0	0
EMPLOYMENT					
Full-Time	3	2	2	1	0
Part-Time	1	5	0	0	5
Unemployed	33	31	28	35	47
HEALTH INSURANCE					
None	28	38	30	36	49
Medicaid/Medicare	3	8	0	0	2
Blue Cross/Blue Shield	2	3	0	0	0
Private Insurance		5	0	0	0
Other	4				

TABLE 16
CALEN
Source of Referral at Admission
Calendar Years 1980 - 1986

Referral Source	1980	1981	1982	1983	1984	1985	1986
Self	268	80	79	132	97	108	91
Hospital	25	24	32	34	22	47	46
CMHC	5	4	3	14	5	6	7
Private MD	37	11	26	18	17	13	8
Public Health	0	2	2	0	1	0	0
Own Prog	184	1	3	7	54	43	31
Court School	0	0	0	0	0	0	0
AA, Alanon, Alateen	5	61	15	57	44	43	19
Other Alcohol Program	177	407	466	307	297	244	231
Voc Rehab	0	0		2	0	2	1
Social Services	85	16	16	8	7	9	7
Courts	44	60	98	144	209	230	239
Police, Prob, Parole	7	75	114	66	35	35	45
Attorney, Legal Aid	2	9	4	7	12	8	11
Employer	0	11	5	2	4	3	4
Church	0	2	3	2	0	1	0
School	0	2	0	0	0	1	0
Spouse/Family	54	66	71	55	39	44	38
Friends	60	71	66	44	36	35	25
TV, News/Ads	0	0	0	1	0	0	0
Other	8	11	1	0	8	0	0
Unknown	6	7	7	4	2	0	2
TOTAL	967	920	1,011	904	889	872	805

TABLE 16
LIGHTHOUSE
Source of Referral at Admission

Referral Source	1982	1983	1984	1985	1986
Self	20	9	10	10	10
CMHC	0	1	1	1	4
Private MD	0	1	0	1	2
Other Program	0	6	9	17	21
Social Services	1	4	1	0	0
Courts	1	0	1	4	7
Police, Prob., Parole	11	12	3	1	2
Attorney, Legal Aid	3	1	5	2	3
Spouse/Family	1	1	0	0	2
Friends	—	3	0	0	1
TOTAL	37	38	30	36	52

TABLE 17

GALEN

Reason for Discharge - Primary Chemical Dependency Clients for Calendar Years 1980 - 1986 [in percents]

Reason For Discharge	1980	1981	1982	1983	1984	1985	1986
Total Discharges	1,569	1,636	1,771	1,660	1,756	1,636	1,616
Left Before Trmt Completed	27%	27%	27%	24%	18%	16%	14%
Inaccessible, Moved					1	1	1
Died							
Treatment Plan Completed	71	68	67	70	77	81	83
Client Referred	2	5	6	6	4	2	2

TABLE 17

LIGHTHOUSE

Reason For Discharge - Primary Chemical Dependency Clients for Calendar Years 1982 - 1986

Reason For Discharges	1982	1983	1984	1985	1986
Total Discharges	47	38	41	43	63
Left Before Trmt Completed	36%	45%	42%	42%	30%
Inaccessible, Moved					
Died					
Treatment Plan Completed	49	45	44	44	70
Client Referred	15	10	14	14	-

Table 18

Correctional Institution Chemical Dependency Clients
Race and Age at New Admission for Calendar Years 1982-1986 [In Percents]

	1982	1983	1984	1985	1986
Total Admissions	134	157	145	175	158
AGE					
0-17	29%	28%	23%	30%	39%
18-20	33	29	24	18	21
21-25	28	22	37	39	24
26-30	3	9	10	6	4
31-44	7		6	6	9
45+				1	3
RACE					
White	84%	73%	70%	78%	73%
Black	1	1	1	1	3
Native American	13	20	23	17	20
Hispanic	2	4	5	3	3
Other		1	1	1	1

Table 18

Correctional Institution Chemical Dependency Clients
Reason for Discharge for Calendar Years 1982-1984 [In Percents]

	1982	1983	1984	1985	1986
Reason for Discharge Total Discharges	134	138	170	176	184
Left Before Trmt Completed	13%	17%	15%	9%	13%
Inaccessible, moved	4	4	6	5	3
Died					
Treatment Plan Completed	64	66	72	77	79
Client Referred	19	13	7	9	5

- Since 1980, 87% of the total clients admitted to the ASC were unemployed and had no insurance. Ninety percent of the total clients admitted to Lighthouse were unemployed and 94% had no insurance.

- In 1986 community chemical dependency programs and the courts accounted for the largest number of referrals to the Montana State Hospital's ASC (29% each) followed by self-referrals (11%). The majority of referrals to Lighthouse in 1986 came from other chemical dependency programs (40%) (See Table 16).

- Since 1984, approximately 80% of the total clients discharged from Montana State Hospital, ASC, completed treatment, 16% failed to complete treatment and 5% were referred elsewhere. Since 1985, 70% of the total clients discharged from Lighthouse completed treatment, 30% failed to complete treatment (See Table 17).

Data Highlights - Correctional Programs

- Correctional chemical dependency programs have averaged 160 admissions per year since 1984 (See Table 18).

- Sixty percent of the total clients admitted to the correctional chemical dependency programs in 1986 were under the age of 20 and 24% are between the ages of 21-25. Twenty percent of the total admissions were Native Americans.

- Seventy-nine percent of the total clients discharged from the chemical dependency correctional programs in 1986 completed treatment and 13% failed to complete treatment (See Table 18).

3.5 State Inpatient Bed Need Determination

Section 53-24-208, MCA, requires that the Department of Institutions ensures that agencies applying for chemical dependency state approval demonstrate that a local need exists for proposed chemical dependency services and that the proposed services do not duplicate existing services. Because of the above statute and the Department of Health and Environmental Sciences (DHES) existing CON process, it is the policy of this Department to require all agencies requesting a chemical dependency inpatient approval, under 53-24-208, MCA, to complete the CON process. It is also required through 53-24-211, MCA, that any future need for the expansion of chemical dependency programs for services in local communities be documented and addressed in the county chemical dependency plan. Section 53-24-204, MCA, also requires this Department to encourage communities to expand additional or new chemical dependency services through existing programs or service providers rather than starting new programs.

The Department of Institutions in conjunction with the DHES developed a formula for the determination of the number of inpatient chemical dependency treatment beds needed in the state. Exhibit 4 shows the projected bed needs in FY88 for all five health planning regions. The

formula projects chemical dependency inpatient bed needs only and does not include detoxification.

This bed need formula is straight forward, easily understood and indirectly based on approaches used by E.M. Jellinek, (Estimating The Prevalence of Alcoholism, 1959) and Marden (A Procedure For Estimating Potential Clients Of Alcoholism Service Programs, DHEW Publication 1980). From population data a projection of the abusing population is made and when correlated with actual treatment data, a projection of treatment needs can be determined. After reviewing several different types of formulas and/or methods to estimate bed needs, this method was chosen because it was simple, easy to understand, and based on actual Montana data which is easily accessible for ongoing updates and would allow for any dramatic changes in need or demand. Based upon ongoing treatment data received by the Departments of Institutions and Health and Environmental Sciences this formula will be updated annually.

Based on the proposed formula (Exhibit 4), it is estimated that Montana requires approximately 350 total chemical dependency inpatient treatment beds based on an 80% utilization rate (item 6). During calendar year 1986, state approved inpatient treatment programs averaged 74% utilization. Because the Montana State Hospital's ASC and Lighthouse programs represent approximately 80 state publicly funded inpatient beds, these are backed out of the formula based on regional per cent determined by clients county of residence at admission to Galen (Item 7). This leaves approximately 270 chemical dependency beds required statewide (item 8). Based on current existing chemical dependency beds available, the State is approximately 11 beds below the projected need.

Bed needs for special populations (ie, adolescents) can be estimated by applying a percentage of actual inpatient admissions of a particular population to item 3 and then completing items 4-8.

The proposed formula should be used only as a guide in conjunction with other pertinent data and information in determining chemical dependency bed needs and not be used as the only determining factor.

It should also be noted that only about 85 inpatient beds are available statewide to serve the indigent client (80 at Galen and 5-6 Department contracted beds). Based on 1986 Department data, 66% of the total first admissions to state approved chemical dependency programs were unemployed. Also, Medicaid in Montana does not reimburse for chemical dependency treatment. All of these above factors create a major problem in the provision of inpatient chemical dependency services for Montana's indigent and unemployed.

EXHIBIT 4

PROJECTED INPATIENT (Hospital/Freestanding) CHEMICAL DEPENDENCY (CD) BED NEEDS BY REGION

Formula	Region I	Region II	Region III	Region IV	Region V	10/1/87 State
1. Estimated Abusers (1985 Proj. census) 11% Non Indian Pop. - (NIAAA) 33% Indian Pop. - (NIAAA)	12,936	18,535	20,900	21,450	24,739	98,560
2. 10% of Abusers will seek service (CY 1986 actual Adm.Data + 2% Adjustment.) (.11 x item 1.)	1,293	1,854	2,090	2,145	2,474	9,856
3. 37% of 10% will need inpatient services (28 days). CY 86 Actual MT Adm.Data: (.30 x item 2.)	478	686	774	793	915	3,646
4. Bed Days needed - 28 day length of stay (28 x Item 3)	13,384	19,208	21,672	22,204	25,620	102,088
5. # of Beds needed (Item 4 - 365 days) 100% utilization	37	53	59	61	70	280
6. # of Beds needed (Item 5 - .80) 80% utilization	46	66	74	76	88	350
7. Montana State Hospital (Galen) Reduction (80 beds) Based on Patient origin % by Region CY 1986.	(6%) 5	(12%) 9	(16%) 13	(41%) 33	(25%) 20	(100%) 80
8. Recommended # of CD Beds (not including Galen) Item #6 - Item #7	41	57	61	43	68	270
9. State Approved CD Treatment Beds 10/1/87						
IP Hospital	24	22	0	0	33	79
IP Free-Standing	0	49	65	30	20	164
Total	24	71	65	30	53	243
10. Other CD Treatment Beds (10-1-87)						
IP Hospital	0	0	0	16	0	16
IP Free-Standing	0	0	0	0	0	0
Total	0	0	0	16	0	16
11. Total Available CD Beds	24	71	65	46	53	259
12. Difference from Recommended	-17	+14	+4	+ 3	-15	-11

4.0 STATEWIDE SERVICES

4.1 Statewide Prevention Services

Primary prevention focuses on the education and protection of individuals who have not experienced any serious problems related to the use of alcohol or drugs. Early intervention focuses on individuals who have an identified potential for drug and alcohol abuse or who have experienced some problems resulting from substance use. This section will describe and discuss primary prevention and early intervention efforts.

A variety of efforts have been attempted to prevent alcohol and drug related problems. Most efforts have historically been carried out with a focus on a particular problem or target population, and generally not as part of an organized overall strategy. Because drug and alcohol problems impact many areas in a person's life, these problems are often seen and analyzed differently from a variety of perspectives. Prevention strategies have often been based on different and often times conflicting theories of causation.

Prevention of chemical dependency in Montana is predicated on the philosophy that each individual is responsible for his own actions and that given accurate and sufficient information and education, the individual will make responsible decisions. The Department's prevention mission is to provide citizens of Montana with the information necessary for them to make responsible decisions about use of alcohol and drugs; to promote alternatives to alcohol and drug abuse; and to educate parents, teachers, health professionals and social service personnel in effective techniques for promoting prevention activities of other state and local agencies.

I. Public Health Model

The Department has elected to use the public health model as a means to identify the strategies used in Montana. The following section reviews the various prevention strategies attempted. The focus will be in three categories: Host, Environment and Agent.

Host-Focused Strategies refer to the individual and knowledge of alcohol and drugs, attitudes regarding chemical use and the chemical using behavior itself.

Environment-Focused Strategies refer to the setting or context in which chemical use occurs and the communities rules that influence the chemical use.

Agent-Focused Strategies refer to alcohol and drugs, its contents, distribution and availability.

A. Host-Focused Strategies

1. Education of Youth

Educational strategies directed toward youth have followed a pendulum

swing from "scare tactic" efforts to discourage consumption to "responsible drinking" strategies that in some cases appear to actually encourage alcohol use over abstinence. Leaning more toward the middle of that pendulum the youth are learning "reluctant" use. Youth are learning to measure various consequences when making a decision to use. It is hoped by most everyone in the prevention field that this decision will be not to use.

"Just Say No" clubs are developing in Montana, with long standing clubs already in Hardin and Missoula. The primary focus is developing peer resistance to alcohol use.

2. "Affective Education" Strategies

A variety of approaches have been suggested, designed and attempted, to increase the emotional well being and social skills of youth in hopes of insulating them from influences that encourage alcohol and other drug use.

Major prevention efforts in this area have been by the Montana Teen Institute (MTI) and Teens in Partnership (TIP) through the Center for Adolescent Development. Both programs recruit teenagers from junior high and high schools throughout the State for one week of intense training and education with the expectations that they will go back to the community and involve other teens in the organization of prevention activities, e.g., peer counseling, cross-age tutoring, community education, alternative recreation.

The larger school districts offer positive self-esteem building curriculums such as Quest, Here's Looking at You 2000, Children are People, Babes Four Worlds and Positive Action.

3. General Public Education

Parents are Responsible and Alcohol TALK Project are designed to educate parents about chemical use and the need to have clear, open communication with children. TALK includes children in the education process and facilitates the communication between parent and child.

Community Interventions, Inc., from Minneapolis, Minnesota has offered intensive education to teachers, law enforcement, human service providers and parents in approximately two communities per year. The communities have become more sensitive to the issues of chemical use and abuse.

Fetal Alcohol Syndrome education materials are available through the Department of Health and Environmental Sciences and the Department of Institutions.

4. Public Education regarding Driving Under the Influence

DUI task forces, MADD (Montanans Against Drunk Drivers) and SADD (Students Against Drunk Drivers) are the major organizations available in this area.

House Bill (HB) 277 imposes a driver's license reinstatement fee to fund county DUI Task Forces which educate the public and tavern owners about Blood Alcohol Content (BAC) and driving under the influence. HB 163 provided a clearer definition of "under the influence".

HB 322 established DUI blood alcohol levels/chemical testing for boat operators.

Nationally there is an effort to lower the BAC level from .10% to .05%.

5. Education of High Risk Groups

Numerous children of alcoholics groups are available from a therapeutic, educational or self help stance. Many state approved programs offer groups for children of alcoholics and/or adult children of alcoholics.

The larger school districts have concerned persons groups available for support and education.

6. Employee Assistance Programs

Some major employers of Montana provide employee assistance or "wellness" programs for their employees. However, with the majority of Montana businesses being very small in terms of employees, employee assistance programs are often only available through state approved programs or private agencies.

7. Early Intervention Educational Courses

a. Assessment, Course and Treatment (ACT Program)

The ACT Program is designed to provide education for DUI offenders about the effects of alcohol and other drugs and to enable them to make responsible decisions about drinking and driving. ACT is offered by state approved treatment programs.

The first phase assesses each DUI offender utilizing a minimum of three assessment/evaluation instruments and two one-to-one sessions with a certified chemical dependency counselor.

The second phase (Course) provides at a minimum five educational sessions; expectations and attitudes; implications of drinking and driving; physiological effects of drinking; social and psychological implications of drinking; and self assessment.

The third phase provides treatment for DUI offenders that are diagnosed as being chemically dependent.

b. Minors in Possession (MIP) Program

This is an educational program provided by state approved treatment programs and school systems for adolescents convicted of possession of an intoxicating substance.

The program consists of a minimum of six sessions: expectations and attitudes; physiological effects of chemical use; social and psychological effects of chemical use; self awareness and feelings; values and decision making; and self assessment. These sessions include lecture, homework and experiential exercises.

B. Environment-Focused Strategies

1. Selective Controls on Availability

HB 21 has raised the legal drinking age from 19 to 21. This bill also grandfathered in 19 year olds who were born before April 1, 1968.

Presently, there are no consistent policies as to when to stop serving alcohol to intoxicated persons. However, there has been some training to bartenders and cocktail waitresses on this subject.

Some cities have "open container" laws but the enforcement of these laws appears to be inconsistent.

There have been requests for legislation to identify beer kegs so that a keg can be traced to the purchaser and the vendor in cases of underage consumption.

2. Reductions of Forces that Encourage Intoxication

Operation Graduation or supervised all-night parties are available in most communities as these graduation night parties are hosted by parents for seniors and dates and include food, games and dancing without chemicals. This is an alternative to the all night parties with alcohol.

Several smaller communities have provided teen centers as alternative recreational activities. Communities such as Geraldine and Rocky Boy consider these centers as one of their key prevention strategies.

3. Alternative Transportation

"Dial a Ride" encourages individuals who are intoxicated or bartenders to call and arrange transportation. This is available in many communities such as Bozeman and Havre. This program is often used in other communities during the holidays. Some taverns provide limousine services to their patrons.

C. Agent-Focused Strategies

Montana has not experienced an emphasis on agent-focused strategies. Examples of these strategies attempted in other states are the substitution of low-alcohol beverages; substitution of non-alcoholic beverages; adding vitamins to alcoholic beverages; labeling of alcohol content and ingredients; the elimination and/or discouragement of fortified wine sales by increased taxation and finally, to place warning labels on alcohol packaging of potential problems with continued use. These strategies would require legislation to implement.

II. Other Prevention Efforts of the State and Community Programs

The Department will continue to provide prevention activities; publication of the Habit; mail prevention education materials and supplies to programs and interested individuals; contract with the film library for film maintenance and distribution; purchase quality films and videos; provide technical assistance; participate in statewide and national media campaigns; and assess prevention needs of Montana.

All state approved chemical dependency treatment programs provide prevention education and/or early intervention activities, or assist community organizations in providing them. All state contracted drug treatment programs are required to provide prevention, education and early intervention activities. Each contract requires that 15% of the budget be used to provide prevention activities. These drug programs are required to develop measurable objectives related to prevention activities and are included as part of each contract. The Department will monitor progress toward stated goals and objectives along with expenditures on a quarterly basis. The Department will monitor all chemical dependency programs with which it contracts to ensure that an acceptable amount of federal block grant funds are being expended on prevention.

III. Gaps, Problems and Solutions in Prevention Services

The Department urges local communities to assume a primary role in the development and implementation of prevention activities as well as the continued funding of such efforts.

Funding limitations at the State level again make it imperative that available time and resources be directed toward supporting community based prevention activities. Department funding guidelines stress program funding and development at the county level with strong community support for prevention activities and a local commitment toward program continuation funding.

The large land mass and sparsely populated areas of Montana pose a unique problem of maintaining consistent prevention programs and effective communication. An effort has been made to organize separate community based programs into a central body by the Montana Communities in Action for Drug Free Youth, Inc. The major goals of this organization are to produce a prevention newsletter, sponsor a statewide conference and develop a list of prevention resources for the communities.

Finally, communication between treatment oriented and prevention oriented individuals needs to improve.

4.2 Statewide Treatment Services

Treatment and Rehabilitation

The purposes of treatment and rehabilitation programs are to minimize identifiable problems caused by alcohol and drugs for individuals and for society, while increasing abuser participation in socially acceptable,

productive activities as an alternative to dysfunctional abuse. The use of any chemical substance, legal or illegal, which creates behavioral or health problems resulting in operational impairment is viewed as chemical dependency.

Publicly supported chemical dependency services in Montana are delivered in four major settings: community outpatient programs, inpatient programs, intermediate care or transitional living programs, and the correctional institution chemical dependency programs. There are also chemical dependency programs throughout the state which are not publicly funded that have met state standards and fulfilled all requirements of state approval.

Care Components

The Montana chemical dependency approved treatment system includes the following care components:

Detoxification (emergency care) component - services required for the treatment of persons intoxicated or incapacitated by alcohol and/or drugs. Detoxification involves clearing the system of alcohol and/or drugs and enabling individual recovery from the effects of intoxication. These services include screening of intoxicated persons, counseling of clients to obtain further treatment, and referral of detoxified persons to other appropriate treatment programs. Medical detoxification refers to short term treatment in a licensed medical hospital. Non-medical detoxification refers to short term treatment in a non-medical setting with 24-hour supervision.

Inpatient (hospital care) component - treatment for persons requiring 24-hour supervision in a licensed hospital or suitably equipped medical setting licensed by the Department of Health under Section 50-5-201 MCA. Services include medical evaluation and health supervision; chemical dependency education; organized individual, group and family counseling; discharge referral to necessary supportive services; and a client follow-up program after discharge.

Inpatient (free-standing care) component - treatment for persons requiring 24-hour supervision in a community based residential setting. Services include a physical exam signed by a licensed physician; chemical dependency education; organized individual, group and family counseling; discharge referral to necessary supportive services and a client follow-up program after discharge.

Intermediate (transitional living care) component - a non-medical residential facility in a community based setting. These facilities provide a transitional phase for individuals who have recently received chemical dependency inpatient care services and require a moderately structured living arrangement. Services provided include counseling services (individual and group), chemical dependency education and social and recreational activities. These individuals are encouraged to seek vocational rehabilitation, occupational training, education and/or employment as soon as possible.

Outpatient care component - services provided on a regularly scheduled basis to clients residing outside a program. Services include crisis intervention; counseling; chemical dependency education; referral services; and a client follow-up program after discharge. D.U.I. (ACT) and Minors in Possession educational courses may also be provided as outpatient services.

Specific approval standards for the individual care components are found in Volume 7, Title 20, Chapter 3 of the Administrative Rules of Montana with further explanation in the Montana Program Approval and Evaluation Manual for Alcoholism and Drug Abuse Treatment Programs.

Since 1975, the Department of Institutions has attempted to develop a statewide chemical dependency treatment network through the funding of public and private community programs. It has encouraged the development of outpatient services in every county of the state while also funding and supporting detox, inpatient and transitional living services where necessary. Critical to this service network are the local community outpatient programs which provide early intervention, outreach and ensure appropriate referrals for residential treatment when needed. These out-patient programs also act as the aftercare and follow-up mechanisms for continued counseling and support for individuals returning to the community after residential treatment. Transitional living services (halfway houses) provide individuals leaving inpatient programs an opportunity to transition back into society through non-structured living, counseling and vocational and educational referrals.

The Department has encouraged non-duplication of services through this service network while also ensuring that adequate and appropriate services are available statewide. In 1980, there were 40 state approved programs within Montana compared to 36 today (See Exhibit 5). This reduction is due to consolidation of small rural counties into multi-county programs. These 36 programs comprise 11 inpatient programs including Montana State Hospital's Alcohol Service Center and Lighthouse, 4 intermediate care or halfway houses, 23 outpatient programs (operating in 64 locations) and 3 correctional programs. There are approximately five programs operating in Montana which are not approved by the Department.

Exhibit 5 is a listing of state approved chemical dependency programs by region, address, telephone number, care components and the number of clients admitted in CY 1986.

EXHIBIT 5

State-Approved Chemical Dependency Treatment & Rehabilitation Programs

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI (ACT) Admissions
1. REGION I			
FRANCES MAHON DEACONESS HOSPITAL CHEMICAL DEPENDENCY CENTER 621 Third South Glasgow, MT 59230 Telephone: 228-2776 Inpatient Hospital Care (24 beds)	133	182	-
FMDH/High Plains Outpatient Satellite Offices	108	26	116
a. Valley County Satellite 621 Third South Glasgow, MT 59230 Telephone: 228-2776 Outpatient, ACT			
b. Daniels County Satellite City Hall P. O. Box 492 Scobey, MT 59263-0492 Telephone: 487-5091 Outpatient, ACT			
c. Phillips County Satellite Old Library Building (Basement) P. O. Box 1414 Malta, MT 59538-1414 Telephone: 654-2005 Outpatient, ACT			
d. Roosevelt County Satellite Roosevelt County Courthouse P. O. Box 328 Wolf Point, MT 59201-0328 Telephone: 653-2131 Outpatient, ACT			
e. Sheridan County Satellite Sheridan County Courthouse Plentywood, MT 59254 Telephone: 765-2361 Outpatient, ACT			

EXHIBIT 5 (continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI (ACT) Admissions
REGION I - EASTERN (continued)			
2. DISTRICT II ALCOHOL & DRUG PROGRAM 204 North Kendrick - Suite 207 Glendive, MT 59330 Telephone: 365-5942 Outpatient, Contracted Drug Services, ACT Also provides these services to McCone, Prairie and Wibaux Counties	265	88	146
District II Satellite Offices			
a. Sidney Alcohol Satellite Medical Arts Building 1209 Second Street SW Sidney, MT 59270-3640 Outpatient, ACT			
3. CHEMICAL DEPENDENCY SERVICES, INC. 108 North Haynes Avenue P. O. Box 1500 Miles City, MT 59301-1500 Telephone: 232-6542 Outpatient, Contracted Drug Services, ACT Also provides these services to Powder River & Garfield Counties	224	190	146
Chemical Dependency Services, Inc. Satellite Offices			
a. Rosebud County Office Old Hospital Building P. O. Box 251 Forsyth, MT 59327-0251 Telephone: 356-2670 Outpatient, ACT Also provides these services to Treasure County			
b. Colstrip Office 422 Willow P. O. Box 750 Colstrip, MT 59323-0750 Telephone: 748-2800 Outpatient			

EXHIBIT 5 (Continued)

	PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI (ACT) Admissions
	REGION I - EASTERN (continued)			
	c. Fallon County Courthouse P. O. Box 478 Baker, MT 59313-0478 Telephone: 778-2883, ext. 11 Outpatient, ACT Also provides services to Carter County			
4.	PINE HILLS SCHOOL FOR BOYS CHEMICAL DEPENDENCY PROGRAM P. O. Box 1058 Miles City, MT 59301-1058 Outpatient - Correctional Facility	94	0	0
	REGION II - NORTHCENTRAL			
5.	MEDICINE PINE LODGE Blackfoot Indian Reservation P. O. Box 426 Browning, MT 59417-0426 Telephone: 338-7178 Detox (9 beds), Intermediate Care (16 beds), Outpatient, ACT	262	0	83
6.	FORT BELKNAP TRIBES ALCOHOL PROGRAM Fort Belknap Reservation P. O. Box 459 Harlem, MT 59526-0459 Telephone: 353-2205, ext. 432 Detox (3 beds), Intermediate Care (9 beds)	119	0	17
7.	NORTHERN MONTANA CHEMICAL DEPENDENCY PROGRAM, INC. 1020 Assiniboine P. O. Box 750 Havre, MT 59501-0750 Telephone: 265-9665 Inpatient-Free Standing (21 beds), Outpatient, ACT Also provides outpatient services to Blaine County	307	110	142

EXHIBIT 5 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI (ACT) Admissions
REGION II - NORTHCENTRAL (continued)			
Northern Montana Chemical Dependency Program, Inc. Satellite Offices			
a. Chouteau County Courthouse P. O. Box 1384 Fort Benton, MT 59442-1384 Outpatient, ACT			
b. 424 Main Street Shelby, MT 59474 Outpatient, ACT Also provides these services to Liberty County			
8. PROVIDENCE 401 Third Avenue North Great Falls, MT 59401-2496 Telephone: 727-2512 Outpatient, Contracted Drug Services, ACT	245	129	223
Providence Satellite Offices			
a. Providence/Pondera County 809 Sunset Blvd. Conrad, MT 59425 Outpatient, ACT			
b. Providence/Glacier County 116 First Street S.W. Cut Bank, MT 59427 Outpatient, ACT			
9. ROCKY MOUNTAIN TREATMENT CENTER, INC. 920 Fourth Avenue North Great Falls, MT 59401-4199 Telephone: 727-8832 Inpatient-Free Standing (28 beds), ACT	132	296	131
10. MONTANA DEACONESS MEDICAL CENTER Chemical Dependency Unit 1101 26th Street South Great Falls, MT 59405-5193 Telephone: 761-1200, ext. 5570 Inpatient-Hospital (22 beds), ACT	232	407	219

EXHIBIT 5 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI (ACT) Admissions
REGION II - NORTHCENTRAL (continued)			
Montana Deaconess Medical Center Satellite Office			
a. Montana Deaconess Medical Center/ Teton County Satellite Larson Building P. O. Box 801 Choteau, MT 59422-0801 Telephone: 466-2171 Outpatient, ACT	33	17	19
REGION III - SOUTHCENTRAL			
11. RIMROCK FOUNDATION 1231 North 29th P. O. Box 30374 Billings, MT 59107-0374 Telephone: 248-3175 Detox (8 beds), Inpatient-Free Standing (45 beds), Outpatient, Contracted Drug Services, ACT	671	288	686
12. ALCOHOL & DRUG SERVICES OF CENTRAL MONTANA, INC. Bank Electric Building - 4th Floor P. O. Box 963 Lewistown, MT 59457-0963 Telephone: 538-8421 Outpatient, ACT Also provides these services to Judith Basin and Petroleum Counties	103	40	52
Satellite Office			
a. Wheatland County Services Wheatland County Courthouse P. O. Box 633 Harlowton, MT 59036-0633 Telephone: 632-4778 Outpatient, ACT			
13. SOUTH CENTRAL MONTANA REGIONAL MENTAL HEALTH CENTER CHEMICAL DEPENDENCY PROGRAM 1245 North 29th P. O. Box 219 Billings, MT 59103-0219 Telephone: 252-5658 Outpatient - Contracted Drug Services	237	137	137

EXHIBIT 5 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI (ACT) Admissions
REGION III - SOUTHCENTRAL (continued)			
South Central Montana Regional Mental Health Center - Chemical Dependency Satellite Offices			
a. Stillwater County Satellite 112 W. 4th Avenue North P. O. Box 238 Columbus, MT 59019-0238 Telephone: 322-4514 Outpatient, ACT			
b. Carbon County Satellite 5 East Ninth Street P. O. Box 482 Red Lodge, MT 59068-0482 Telephone: 446-2500 Outpatient, ACT			
c. Big Horn County Satellite 809 North Custer Hardin, MT 59034-1311 Telephone: 665-3542 Outpatient, ACT			
d. Musselshell County Satellite 23 First West Roundup, MT 59072 Telephone: 323-1806 Outpatient, ACT			
e. Golden Valley Satellite Golden Valley County Courthouse Ryegate, MT 59074 Telephone: 568-2385 Outpatient			
14. SHODAIR ADOLESCENT PROGRAM 1725 South 72nd Street West Billings, MT 59106 Telephone: 656-7394 Inpatient (Free Standing) (20 beds) Care	N/A	N/A	N/A
REGION IV - SOUTHWEST			
15. ALCOHOL SERVICES OF GALLATIN COUNTY 502 South 19th Street - Suite 302 Bozeman, MT 59715-6827 Telephone: 586-5493 Outpatient, ACT	141	65	296

EXHIBIT 5 (Continued)

	PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI (ACT) Admissions
	REGION IV - SOUTHWEST (continued)			
16.	GALLATIN COUNCIL ON HEALTH & DRUGS 112 South Willson P. O. Box 1375 Bozeman, MT 59715-1375 Telephone: 587-1238 Contracted Drug Outpatient Services	75	34	0
17.	SOUTHWEST CHEMICAL DEPENDENCY SERVICES 414 East Callendar Livingston, MT 59047-2746 Telephone: 222-2812 Outpatient, ACT	132	43	71
	Southwest Chemical Dependency Services Satellite Offices			
	a. Beaverhead County Satellite Beaverhead County Courthouse Dillon, MT 59725 Outpatient, ACT			
	b. Madison County Satellite FNI Building P. O. Box 907 Ennis, MT 59729-0907 Outpatient, ACT			
	c. Meagher County Satellite Masonic Building P. O. Box 474 White Sulphur Springs, MT 59645-0474 Outpatient, ACT			
	d. Sweetgrass County Satellite Masonic Building P.O. Box 757 Big Timber, MT 59011-0757 Outpatient, ACT			
18.	ALCOHOLISM SERVICE OF ANACONDA/DEER LODGE COUNTY 100 West Park Anaconda, MT 59711-2259 Telephone: 563-6601 Outpatient, Contracted Drug Services, ACT	131	3	60

EXHIBIT 5 (Continued)

	PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI (ACT) Admissions
	REGION IV - SOUTHWEST (continued)			
19.	CHEMICAL DEPENDENCY AND FAMILY COUNSELING, INC. 309 Missouri Deer Lodge, MT 59722-1076 Telephone: 846-3442 Outpatient, ACT	37	9	32
20.	BUTTE ALCOHOL & DRUG SERVICES 53 West Granite Butte, MT 59701-9213 Telephone: 723-4001 Outpatient, Contracted Drug Services, ACT	156	8	154
21.	BUTTE INDIAN ALCOHOL PROGRAM Metals Bank Building Park Street - Suite 309 Butte, MT 59701 Telephone: 782-0461 Outpatient, Intermediate Care (7 beds), (Transitional Living)	62	9	0
	Satellite Office			
	a. Transitional Living Facility 709 North Main Butte, MT 59701-8619 Telephone: 723-9811 Intermediate Care			
22.	BOYD ANDREW CHEMICAL DEPENDENCY CARE CENTER 219 North Rodney Helena, MT 59601-4228 Telephone: 443-2343 Outpatient, Contracted Drug Services, ACT, Intermediate Care (8 beds) (Transitional Living)	301	75	395
	Boyd Andrew Satellite Offices			
	a. Transitional Living Facility for Men 410 9th Avenue Helena, MT 59601-3721 Telephone: 443-1241 Intermediate Care			

EXHIBIT 5 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI (ACT) Admissions
REGION IV - SOUTHWEST (continued)			
b. Jefferson County Alcohol Services Courthouse Annex P. O. Box 602 Boulder, MT 59632-0602 Telephone: 225-4348 Outpatient, ACT			
c. Broadwater County Alcohol Services Hospital Basement Townsend, MT 59644 Telephone: 266-3186 Outpatient, ACT			
23. SHODAIR ADOLESCENT PROGRAM 840 Helena Avenue P. O. Box 5539 Helena, MT 59604-5539 Telephone: 449-7630 Inpatient Hospital (9 beds) Inpatient Free Standing (14 beds)	166	490	0
24. MONTANA STATE HOSPITAL			
a. GALEN ALCOHOL SERVICE CENTER Warm Springs, MT 59756-9999 Telephone: 693-7363 Detox, Inpatient-Free Standing Care (72 beds)	1,618	126	0
b. LIGHTHOUSE RESIDENTIAL DRUG TREATMENT CENTER Warm Springs, MT 59756-9999 Telephone: 693-7351 Inpatient Free Standing (15 beds)	59	0	0
25. MONTANA STATE PRISON CHEMICAL DEPENDENCY PROGRAM 500 Conley Lake Road Deer Lodge, MT 59722-9755 Telephone: 846-1320, ext. 2443 Outpatient - Correctional Facility	43	0	0

EXHIBIT 5 (Continued)

	PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI (ACT) Admissions
	REGION V - WESTERN			
26.	RECOVERY FOUNDATION 554 W. Broadway Missoula, MT 59802-4008 Telephone: 721-1880 Outpatient, Contracted Drug Services ACT	289	125	428
27.	MISSOULA INDIAN ALCOHOL AND DRUG PROGRAM 2010 South Avenue West Missoula, MT 59801-6506 Telephone: 721-2700 Outpatient	49	2	0
28.	RAVALLI COUNTY CHEMICAL DEPENDENCY SERVICES, INC. 824 First Avenue South P. O. Box 902 Hamilton, MT 59840-0902 Telephone: 363-3060 Outpatient, ACT	126	16	58
29.	CONFEDERATED SALISH/KOOTENAI TRIBES 26 Round Butte Road West Ronan, MT 59864-2301 Telephone: 676-2770 Contracted Outpatient Drug Services, ACT	24	5	76
30.	LAKE COUNTY CHEMICAL DEPENDENCY PROGRAM 502½ First Street East Polson, MT 59860-2710 Telephone: 883-4460 Outpatient, ACT	84	10	108
31.	RECOVERY NORTHWEST ALCOHOL SERVICE CENTERS 711 California Avenue P. O. Box 756 Libby, MT 59923-0756 Telephone: 293-7731 Outpatient, ACT	216	66	120

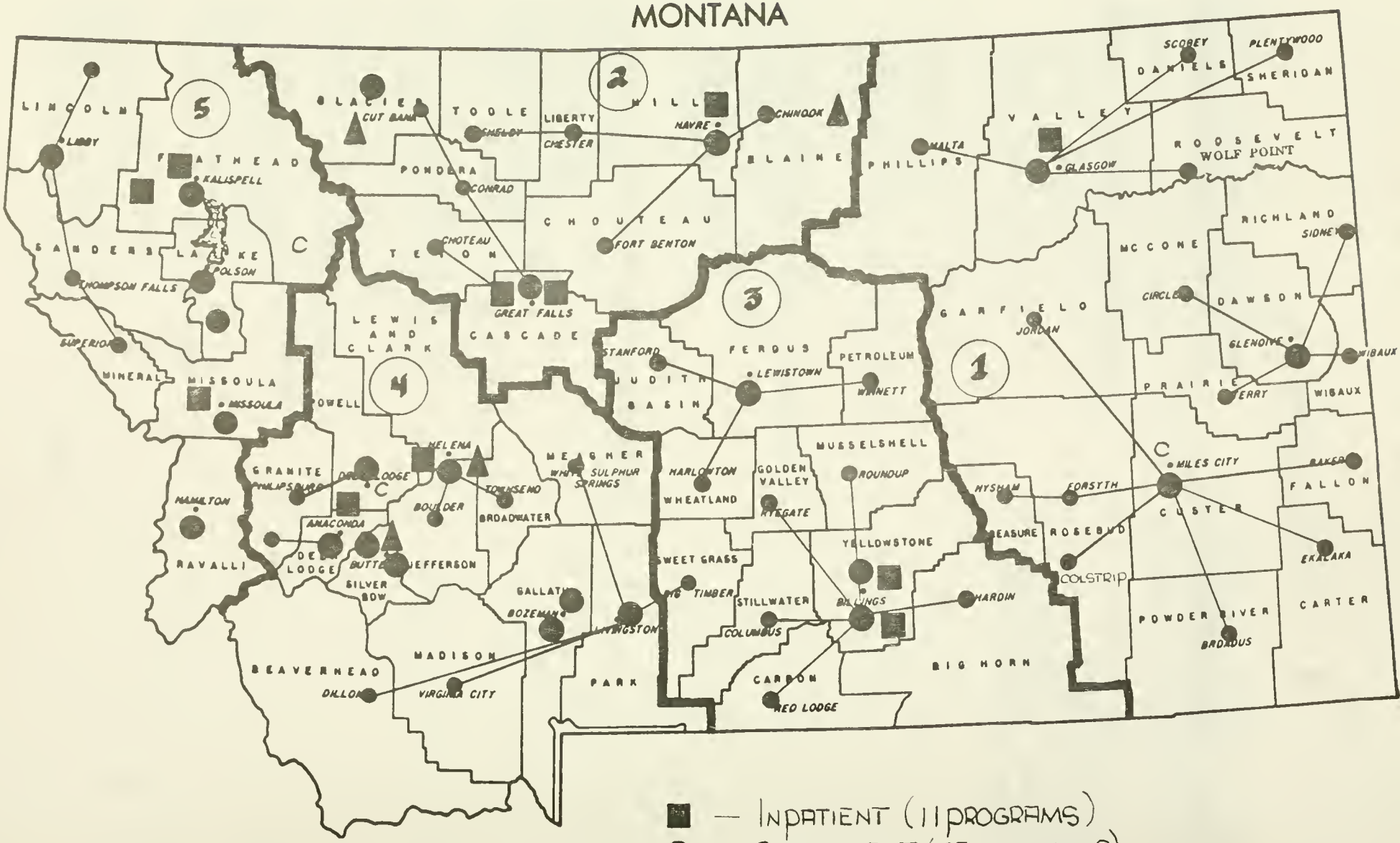
EXHIBIT 5 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI (ACT) Admissions
REGION V - WEST (continued)			
Recovery Northwest Satellite Offices			
a. County Building P. O. Box 403 Eureka, MT 59917-0403 Outpatient, ACT			
b. Sanders County Satellite 919 Main P. O. Box 940 Thompson Falls, MT 59873-0940 Outpatient, ACT			
c. Mineral County Satellite Tamarack Medical Center - Room 12 P. O. Box 608 Superior, MT 59872-0608 Telephone: 822-4421 Outpatient, ACT			
32. FLATHEAD VALLEY CHEMICAL DEPENDENCY CLINICS, INC. 38 East Washington P. O. Box 1511 Kalispell, MT 59901-1511 Telephone: 755-6453 Outpatient, Contracted Drug Services, ACT	245	8	348
33. SWAN RIVER FOREST CAMP CHEMICAL DEPENDENCY PROGRAM P. O. Box 99 Swan Lake, MT 59911-0099 Telephone: 754-2292 Outpatient, Correctional Facility	55	0	0
34. WILDERNESS TREATMENT CENTER 200 Hubbart Dam Road Marion, MT 59925-9708 Telephone: 854-2832 Inpatient-Free Standing (20 beds)	116	0	0
35. GLACIER VIEW HOSPITAL 200 Heritage Way Kalispell, MT 59901-3180 Telephone: 752-5422 Inpatient-Hospital (19 beds)	189	221	0

EXHIBIT 5 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI (ACT) Admissions
REGION V - WEST (continued)			
36. ST. PATRICK HOSPITAL - A.T.C. 500 West Broadway P. O. Box 4587 Missoula, MT 59806-4587 Telephone: 543-7271, ext. 2030 Inpatient-Hospital (18 beds)	N/A	N/A	N/A

MONTANA



■ — INPATIENT (11 PROGRAMS)

● — OUTPATIENT (23 PROGRAMS)

• — OUTPATIENT SATELLITE (41 OFFICES)

▲ — INTERMEDIATE CARE (4 PROGRAMS)

C — CORRECTIONAL (3 PROGRAMS)

No. 1052 — County Outline Map
STATE PUBLISHING COMPANY
Helena

5.0 COUNTY PLAN SUMMARIES AND REGIONAL DATA

5.1 Introduction

This chapter of the plan summarizes, by regional health planning districts, the fiscal year 1988 to fiscal year 1991 county plans which were submitted to the Department in accord with 53-24-211, MCA, (See Map - Exhibit 5). County plans from each region have been analyzed according to 1) county plan service area, 2) gaps, problems, solutions in delivering or obtaining services, and 3) prevention services. A summary of common problems as identified in individual county plans is also included for each region. Additionally the county allocation of earmarked alcohol tax revenue for FY 88 is displayed at the end of Chapter 5 on pages 67-70.

As mentioned previously, all state approved chemical dependency programs report client treatment data to the Department on the computerized Alcohol and Drug Information System. These data have been summarized on a regional basis and reflect only state approved programs. Approved programs providing services in each county are listed in Exhibit 6.

5.2 Region I Plan Summaries

A. Individual County Plan Summaries

1. Service Area: Phillips, Valley, Daniels, Sheridan and Roosevelt Counties - Population: 34,269

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations:

- A small percentage of Native Americans are being served.
  Solution: To increase the Native Americans served by establishing better understanding and working relationships with the Native American programs in the service area.

Outpatient:

- Difficulty providing quality services with a limited number of staff and a large land area because of cutbacks and reduced public funding.
  Solution: Improve community coordination by initiating a series of meetings in each county with representatives from county based agencies. Generating more income by fees for services and hiring additional counselors and/or educators to work in the schools.

Inpatient:

- The cost of transporting indigent or low income clients to Galen is a severe burden and further compounded by liability issues.
  Solution: Have indigent beds available in eastern Montana. Bill transportation costs into the fee schedule.

Detoxification:

- Transportation costs to Galen have posed a problem.

Transitional Living:

- A transitional living facility is needed in eastern Montana.

Educational Programs:

- Only 15% of DUIs issued in Roosevelt County for FY 86 enrolled in the ACT program.
  Solution: Establish more workshops and educational sessions with tribal law enforcement and the judicial system.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops and media ads are provided by the High Plains Chemical Dependency Services.

- PASS (Parents Action for Superior Schools), PTA, MADD, SADD, FOCUS and Together are community based programs providing prevention activities and community awareness.

2. Service Area: Dawson, Richland, McCone, Prairie and Wibaux Counties - Population: 29,273.

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations: No problems identified.

Outpatient:

- Difficult maintaining required client contact due to lengthy travel time to rural areas.

Inpatient:

- Problems providing inpatient treatment for indigent clients due to distance from Galen. Also, family participation is difficult for clients admitted to Galen due to distance and travel costs.
  Solution - The Department should contract with an eastern Montana inpatient treatment center for a number of low income beds.

Detoxification: No problems identified.

Transitional Living:

- A transitional living facility is needed in eastern Montana.

Educational Programs:

- The ACT program is not self sufficient due to offenders not paying the fee charged for the school.
  Solution: Have the judge present to each offender an outline of the ACT program and expectations including the fee of the program.

- Inconsistencies in the court system.
  Solution: Have Justices of Peace refer all DUI offenders to ACT and follow same guidelines for non-compliance.

- The referral from the youth court for MIP program is sporadic.
  Solution: Stricter enforcement of the law is recommended. Collecting fees for MIP programs from minors is difficult.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/ seminars, media ads and a Minors in Possession program are provided by the District II Alcohol and Drug Program.

- The Glendive, Sidney and Fairview school systems have prevention/ intervention programs available.

- Rainbow Connection is an organization providing support to adolescents who have chosen not to use chemicals and provide alternative recreational activities. This is available in the Glendive community.

3. Service Area: Carter, Custer, Fallon, Garfield, Powder River, Rosebud, and Treasure Counties - Population: 37,500.

a. Gaps, Problems, Solutions in Delivering or Obtaining Services:

Special Populations:

- Women not entering treatment due to the stigma attached to women who are chemically dependent.
  Solution: Increase public awareness through workshops and public media.

- Lack of school policy effectively dealing with education and chemical usage.
  Solution: Work with administrators, school board and parents through attendance at meetings and workshops.

- Need for consistent referrals from physicians for elderly.
  Solution: Education of physicians on stages of chemical dependency and appropriate referrals.

Outpatient:

- Difficulty providing quality services with the large land mass and decrease in the earmarked alcohol tax revenue.

Inpatient:

- Lack of communication between inpatient and outpatient with regard to aftercare.

Detoxification: No problems identified.

Transitional Living: No problems identified.

Educational Programs:

- Lack of a consistent referral and followup procedure with judges.
  Solution: Arrange a minimum of two workshops for judges yearly to make a more effective ACT/MIP program.

b. Prevention Services and Problems:

- Literature distribution, school presentations, public awareness workshops, employee assistance and technical assistance are provided by the Chemical Dependency Services, Inc.

- The seven county area does not have consistent school or community based programs.

B. Summary of Region I Common Needs and Problems

- Providing inpatient treatment for indigent clients in Eastern Montana is difficult due to the distance to Galen which results in high transportation costs and lack of family involvement in treatment.

- All plans mentioned inconsistencies between the judicial system and ACT programs.

- A transitional living facility is needed in Eastern Montana.

C. Region I Statistics and Data Highlights

1. Primary Client Characteristics at Admission [See Table 19]

- Region I has averaged 775 first admissions per year since 1980. Admissions have continually decreased each year since 1980 (52%).

- The percent of women entering treatment in Region I has increased from 24% of the total first admissions in 1980 to 35% in 1984 and dropped back to 31% in 1986.

- Treatment of youth 17 years and younger has increased from 5% of first admissions in 1980 to 18% in 1986. Admissions for clients between the ages of 18-20 have increased from 7% in 1980 to 11% in 1986.

- 49% of the total clients admitted to Region I programs had some type of employment at the time of admission and 62% had insurance.

2. Family Member Characteristics at Admission [See Table 20]

- Region I has averaged 500 first admissions of family members per year since 1980.

- The majority of family members admitted as clients are women, comprising approximately 73% of the total admissions since 1980.

- It is significant to note that 19% of family clients were under the age of seventeen at the time of admission which suggests that Region I programs are impacting the children of chemically dependent persons.

- 58% of the total family members were employed at admission and 79% had some type of insurance.

3. DUI Client Characteristics at Admission [See Table 21]

- DUI court school client admissions have increased from 157 admissions in 1980 to 506 in 1985 dropping back to 338 in 1986. This increase reflects the statewide trend which has resulted from stiffer DUI legislation effective in October 1981. This increase apparently has peaked and is stabilizing.

- Admissions of women to DUI schools has increased from 9% of the total in 1980 to 16% in 1986.

- 56% of the total clients admitted to DUI court schools are under 30 years of age.

- 91% of the total clients admitted to DUI court schools were employed at the time of admission.

4. Source of Referral at Admission [See Table 22]

- In 1986, other chemical dependency programs accounted for the largest percentage of referrals to Region I programs [30%], followed by self-referrals [14%] and courts [10%].

5. First Admissions to Chemical Dependency Programs by County of Residence and Admission Rates Per Thousand (See Table 23)

- Admission rates per thousand based on first admissions to state approved chemical dependency programs by county of residence show that in 1986 Rosebud County had the highest rate (10.9) followed by Richland County (9.1). The admission rate per thousand for all counties in Region I was 6.4 in 1986 compared with the statewide rate of 6.5.

6. Reason For Discharge [See Table 24]

- Since 1980, 55% of the total primary clients discharged from Region I programs completed their treatment plans, 31% failed to complete treatment with the highest year being 1984 when 42% of the clients did not complete treatment. Seven percent of the clients since 1980 were discharged because they moved and 7% were referred elsewhere.

7. Primary Client Follow-up Information [See Table 24]

- All state approved programs are required to do follow-up, for the purpose of determining treatment effectiveness, 6 months after the

client's treatment plan has been completed. Chemical dependency programs in Region I have attempted to follow-up 1,441 clients since 1980 and successfully contacted 957 [66%].

- Of the 957 successful follow-up contacts, 52% indicated they were involved in AA or a maintenance program, 64% were employed and 72% reported total abstinence.

- The percent of clients reporting total abstinence 6 months after discharge increased from 65% in 1980 to 84% in 1984 and dropped back down to 68% in 1986.

TABLE 19

REGION I
Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	1,084	911	793	757	736	618	522
SEX							
Male	76%	76%	75%	71%	65%	69%	69%
Female	24	24	25	29	35	31	31
RACE							
White	77	77	86	86	84	89	89
Black						0	0
Native American	21	22	13	13	15	10	9
Hispanic	1	1	1	1	1	1	2
Other	1					0	0
AGE							
0-17	5	9	11	11	12	19	18
18-20	7	9	11	9	11	12	11
21-25	17	15	16	21	17	18	17
26-30	14	15	17	16	19	17	16
31-44	33	29	29	29	28	22	26
45-64	20	21	14	13	11	10	10
65+	4	2	2	1	2	2	2
MARITAL							
Never Married	29	35	40	39	40	50	47
Married	37	36	39	38	39	31	36
Separated	6	5	5	5	5	4	5
Divorced	25	20	14	16	14	14	11
Widowed	3	4	2	2	2	1	1
EMPLOYMENT							
Full-Time	40	38	46	44	43	39	38
Part-Time	3	6	8	12	9	8	10
Unemployed	57	56	46	44	48	53	52
HEALTH INSURANCE							
None			35	40	39	37	38
Medicaid/Medicare			4	3	4	4	6
Blue Cross/Blue Shield			16	17	18	20	24
Private Insurance			9	9	10	10	12
Other			36	31	28	29	20

TABLE 20

REGION I

Family Member Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	631	639	476	496	494	372	384
SEX							
Male	25%	24%	28%	26%	28%	31%	29%
Female	75	76	72	74	72	69	71
RACE							
White	91	90	90	92	85	91	95
Black				1	0	0	0
Native American	8	9	9	6	15	8	2
Hispanic	1	1	1	1	0	1	2
Other						0	1
AGE							
0-17	16	13	15	17	17	24	19
18-20	6	5	4	4	3	3	3
21-25	11	11	10	12	12	7	5
26-30	10	12	13	16	13	12	11
31-44	31	34	30	30	34	33	42
45-64	24	22	27	17	18	19	17
65+	2	3	5	4	3	2	3
MARITAL							
Never Married	24	20	22	26	24	30	26
Married	63	68	65	61	60	59	62
Separated	3	3	3	3	5	4	3
Divorced	7	7	8	8	9	6	8
Widowed	3	2	2	2	2	1	1
EMPLOYMENT							
Full-Time	38	41	41	37	37	38	41
Part-Time	12	11	12	12	12	15	17
Unemployed	50	48	47	51	51	47	42
HEALTH INSURANCE							
None			22	23	31	25	21
Medicaid/Medicare			4	4	4	4	4
Blue Cross/Blue Shield			27	22	26	29	34
Private Insurance			13	19	8	10	12
Other			33	32	31	32	29

TABLE 21

REGION I

DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	157	236	532	545	483	506	338
SEX							
Male	91%	91%	88%	88%	85%	86%	84%
Female	9	9	12	12	15	14	16
RACE							
White	97	95	92	90	87	89	88
Black					1	0	0
Native American	2	4	6	8	11	10	10
Hispanic	1	1	2	2	1	1	1
Other						0	0
AGE							
0-17	2	2	3	3	3	3	2
18-20	10	15	13	12	12	11	10
21-25	25	22	22	23	22	23	26
26-30	20	22	18	18	16	18	18
31-44	23	24	25	23	30	27	25
45-64	18	14	18	18	13	16	16
65+	2	1	1	3	4	2	3
MARITAL							
Never Married	43	46	44	47	41	46	49
Married	37	38	35	35	37	33	33
Separated		2	3	3	2	2	2
Divorced	17	13	17	14	17	17	15
Widowed	3	1	1	1	3	2	1
EMPLOYMENT							
Full-Time	87	83	75	69	68	67	68
Part-Time	5	5	6	8	11	13	23
Unemployed	8	12	20	23	21	20	9
HEALTH INSURANCE							
None			34	39	54	-	-
Medicaid/Medicare			2	3	4	-	-
Blue Cross/Blue Shield			16	16	14	-	-
Private Insurance			22	18	19	-	-
Other			26	24	9	-	-

TABLE 22

REGION I

Source of Referral at Admission
To Chemical Dependency Programs

Referral Source	1979	1980	1981	1982	1983	1984	1985	1986
Self	205	223	134	149	121	86	94	73
Hospital	17	33	16	12	15	14	8	3
CMHC	15	16	15	15	15	15	20	18
Private MD	44	20	21	17	95	10	7	3
Public Health	6	6	0	3	3	3	1	0
Own Program	1	1	2	10	6	6	4	5
Court School	0	0	0	81	40	39	28	45
AA, Alanon, Ala.	6	15	10	13	11	33	11	11
Other Alcohol Programs	331	389	339	224	238	83	172	154
Voc Rehab	4	3	1	2	0	0	-	1
Social Services	25	24	23	16	21	18	18	17
Courts	73	41	42	45	90	98	81	52
Police, Probation, Parole	81	67	67	53	45	30	46	39
Attorney, Legal Aid	25	39	16	8	12	7	5	6
Employer	24	39	59	29	20	27	24	11
Church	6	9	19	6	4	5	3	4
School	13	6	15	8	8	9	13	8
Spouse/Family	62	92	77	57	61	61	55	45
Friends	50	30	51	21	38	31	22	26
TV, News, Ads	1	0	0	8	2	0	1	1
Other	5	17	2	14	1	161	3	0
Unknown	0	14	2	2	1	0	2	0
TOTAL	994	1,084	911	793	757	736	618	522

TABLE 23

REGION I

First Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

County	1980 Census	Adm Rate 1980	Adm Rate 1981	Adm Rate 1982	Adm Rate 1983	Adm Rate 1984	Adm Rate 1985	Adm Rate 1986
Carter	1,799	3.3	1.1	2.8	2.2	1.1	0	6.7
Custer	13,109	8.2	6.0	4.8	6.8	6.8	8.2	6.9
Daniels	2,835	7.4	4.9	2.8	3.2	8.2	4.2	.35
Dawson	11,805	7.1	8.6	9.8	10.0	11.3	9.4	6.9
Fallon	3,763	4.3	2.7	4.8	4.8	1.3	7.4	5.3
Garfield	1,656	5.4	3.0	1.2	4.2	2.5	3.0	7.2
McCone	2,702	2.2	4.8	4.4	5.9	3.3	2.3	3.3
Phillips	5,367	10.4	6.3	6.7	6.0	7.9	8.8	7.5
Powder River	2,520	3.6	3.2	4.7	3.2	6.0	3.6	3.6
Prairie	1,836	1.1	3.3	2.7	6.5	3.9	6.0	4.4
Richland	12,243	6.8	11.5	12.5	11.8	10.6	11.0	9.1
Roosevelt	10,467	6.3	6.6	7.3	7.7	7.4	4.9	5.5
Rosebud	9,899	18.4	13.0	20.2	19.0	17.6	12.8	10.9
Sheridan	5,414	9.0	9.2	8.7	9.4	4.8	4.4	3.9
Treasure	981	2.0	2.0	5.0	1.0	1.0	4.1	6.1
Valley	10,250	6.7	7.5	5.2	6.8	7.0	5.0	4.1
Wibaux	1,476	1.4	2.7	2.0	3.4	2.7	8.1	1.4
TOTAL REGION I	98,122				8.7	8.3	7.6	6.4
STATE	786,690	6.5	6.3	7.0	7.0	8.4	7.3	6.5

TABLE 24

REGION I
Reason for Discharge
Primary Chemical Dependency Clients for
Calendar Years 1980 - 1986 [in percents]

Reason For Discharge	1980	1981	1982	1983	1984	1985	1986
Total Discharges	1,424	1,096	938	908	906	875	677
Left Before Trmt Completed	28%	31%	26%	37%	42%	29%	30%
Inaccessible, Moved	4%	6%	9%	9%	6%	5%	7%
Died							
Treatment Plan Completed	59%	54%	56%	48%	47%	61%	57%
Client Referred	9%	9%	9%	6%	5%	5%	6%

TABLE 24

REGION I

Primary Client Follow-up Information
Six Months After Discharge

Calendar Years 1980 - 1984

	1980	1981	1982	1983	1984	1985	1986
Number of Followup Attempts Attempts	86	135	129	175	240	366	310
Number of Successful Followup Contacts	72	94	78	121	175	205	212
Percent Contacted	84%	61%	60%	69%	73%	56%	68%
Percent in a Maintenance Program	49%	59%	51%	58%	58%	40%	49%
Percent Employed	56%	72%	59%	72%	72%	60%	56%
Percent Abstinent	65%	68%	71%	78%	84%	72%	68%

5.3 Region II Plan Summaries

A. Individual County Plan Summaries

1. Service Area: Glacier County - Population: 11,000

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations:
- There is a need for treatment facilities for adolescents and women with children.

Outpatient:
- Inadequate staffing to meet treatment needs.

Inpatient:
- Greater access to state funded beds at Galen and Northern Montana Chemical Dependency Program, Inc. is needed.

Detoxification: No problems identified.

Transitional Living: No problems identified.

Educational Programs: No problems identified.

b. Prevention Services and Problems

- Literature distribution, school presentations and workshops/ seminars are available through Medicine Pine Lodge and Providence.

- The Browning community has instigated prevention activities monthly to "celebrate sobriety".

- The Browning school system has prevention programs available for K-12, (ie. Community Intervention, CARE TEAM, and VISIONS).

2. Service Area: Hill, Blaine, Liberty, Toole, Choteau Counties - Population: 38,964

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations:
- Adolescents, while attending inpatient treatment do not complete academic studies.
  Solution: Seek funds for hiring a part-time tutor.

- Women are not entering treatment due to stigma attached to women who are chemically dependent.
  Solution: Train staff and educate public on women specific issues in order to raise public consciousness.

- Only a small percentage of the elderly are served.
  Solution: Focus education on chemical dependency at senior citizens groups and long-term facilities.

- Transitional living facilities are needed for adolescents and women.

Outpatient:

- Difficult providing treatment for indigent clients while maintaining a qualified staff.

- Additional services for co-dependents is needed.
  Solution: Develop more variety and availability of group work.

- Lack of employee assistance programs.

Inpatient:

- The waiting list for state funded beds at Galen and Northern Montana Chemical Dependency Program, Inc., poses a problem.

- Providing treatment for indigents is difficult.

- Attaining family participation during treatment is difficult.

Detoxification:

- Patients discharged prior to an appropriate referral to treatment.

Transitional Living:

- Northcentral Montana needs a transitional living facility.

Educational Programs:

- Strain on treatment program staff to meet the new requirements.

- An increase in referrals has placed more demands for services.

- A gap in services exists for the DUI client who is determined to be an abuser.
  Solution: Develop a five week educational session.

b. Prevention Services and Problems

- Literature distribution, school presentation, workshops/seminars, media ads and a Minors in Possession program are provided by the Northern Montana Chemical Dependency Program, Inc.

- HELP, a community based program in Havre, provides parent and community education, alternative recreational activities for adolescents and assists in developing community prevention policies.

3. Service Area: Cascade County - Population: 80,200

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations:
- A greater emphasis by treatment programs on Native American addiction.

Outpatient:
- Additional funding for indigent care is needed.

Inpatient: No problems identified.

Detoxification:
- Long term detoxification services are needed in lieu of the standard 3-5 days.

Transitional Living:
- A transitional living facility is needed.

Educational Programs: No problems identified.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/ seminars, media ads and Minors in Possession programs are provided by state approved chemical dependency programs in this service area.

- Community Connection is a community based program that oversees various prevention activities in Cascade County.

4. Service Area: Pondera County - Population: 7,000

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations:
- There is a lack of inpatient facilities specifically designed for adolescents and women with children.

Outpatient:
- Inadequate staffing to meet needs of service area.

Inpatient:
- Accessibiity to treatment for indigent clients poses a problem.

Detoxification: No problems identified.

Transitional Living: No problems identified.

Educational Programs:
- No Minors in Possession Program is available.

b. Prevention Services and Problems

- Literature distribution and workshops/seminars are provided by the state approved programs in service area.

- The Blackfeet Reservation has various prevention activities within the school system and community.

5. Service Area: Teton County - Population: 6,485

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations:

- Lack of funds available for inpatient treatment services for adolescents.

- A need for transitional living facilities for adolescents.

- The county identifies the following groups in need of specialized services: Native American children under age 12, adolescents who have little or no family involvement and adolescents who use inhalants.

- A transitional living facility for women is needed.

Outpatient:

- Matching available funding with the demand for services poses a problem.

Inpatient:

- The waiting period for state funded beds at Northern Montana Chemical Dependency Program, Inc., and Galen at times is too lengthy.

Detoxification: No problems identified.

Transitional Living: No problems identified.

Educational Programs:

- Minors in Possession Program is not available in service area.

b. Prevention Services and Problems

- Literature distribution, school presentations and workshops/seminars are available through the state approved program.

- The Choteau High School offers drug and alcohol classes, concerned persons groups and insight classes. The elementary school offers a ME/ME drug and alcohol science unit and concerned persons groups.

B. Summary of Region II Common Needs and Problems

- There is an increased demand for services.
- Maintaining quality services with current level staffing and funding is difficult.
- The waiting list for state-funded beds at Havre and Galen is too long.
- An adolescent transitional living facility is needed.

C. Region II Statistics and Data Highlights

1. Primary Client Characteristics at Admission [See Table 25]

- Region II has averaged 862 first admissions per year since 1980 with the highest year being 1985 (1,078) dropping back down to 957 in 1986.
- The percent of women entering treatment in Region II has increased from 21% of the total first admissions in 1980 to 33% in 1986.
- Treatment of youth 17 years and younger has increased from 3% of the total first admissions in 1980 to 10% in 1985, dropping to 8% in 1986. Admission of clients between the ages of 18-20 has increased from 6% of total first admissions in 1980 to 10% in 1986; in 1982 this age group accounted for 14% of all admissions.
- In 1986, only 40% of the total first admissions to Region II programs were employed and 46% had insurance.

2. Family Member Characteristics at Admission [See Table 26]

- Region II has increased the number of family members admitted for treatment from 51 first admissions in 1980 to 974 in 1985, dropping to 903 in 1986.
- Although the majority of family members admitted as clients are women, there appears to be a trend that more men are seeking treatment as family members. This is evidenced by the fact that in 1980 men comprised only 12% of the total family member admissions compared with 34% in 1986.
- It is significant to note that in 1986 17% of total family clients were under the age of seventeen which suggests that Region II programs are impacting children of chemically dependent persons.
- 52% of the total family clients were employed at admission and 80% had some type of insurance in 1986.

3. DUI Client Characteristics at Admission [See Table 27]

- DUI court school client admissions have increased from 108 first admissions in 1980 to 753 admissions in 1986. This increase reflects the statewide trend which has resulted from stiffer DUI legislation effective in October 1981.

- Since 1980, 83% of the total admissions to DUI court schools were men; however, the number of women admitted to Region II court school programs has increased from 13% of the total admissions in 1980 to 19% in 1986.

- 50% of the total clients admitted to DUI court schools are under 30 years of age.

- Between 1980 and 1984, 70% of the total clients admitted to DUI court schools were employed at the time of admission, however this increased to 88% in 1986.

4. Source of Referral at Admission [See Table 28]

- In 1986, the majority of referrals to Region II programs were reported to be court-referrals [19%], followed by referrals from other chemical dependency programs [18%].

5. First Admissions to Chemical Dependency Programs by County of Residence and Admission Rates - Per Thousand [See Table 29]

- Admission rates per thousand, based on first admissions to state approved chemical dependency programs by county of residence show that in 1986 Glacier County had the highest rate [13.2%] in Region II followed by Blaine County [7.6%]. The admission rate per thousand for all counties in Region II was 5.7% in 1986 compared with the statewide rate of 6.5. Region II has consistently had a lower rate per thousand than the statewide average.

6. Reason for Discharge [See Table 30]

- Since 1980, 55% of the total primary clients discharged from Region II programs completed their treatment plans, 35% failed to complete treatment, 4% were inaccessible or moved and 6% were referred elsewhere.

7. Primary Client Follow-up Information [See Table 30]

- All state approved programs are required to do follow-up, for the purpose of determining treatment effectiveness, 6 months after the client's treatment plan has been completed. Chemical dependency programs in Region II have attempted to follow-up 2,445 clients since 1980 and successfully contacted 1,205 [49%].

- Of the 1,205 successful follow-up contacts since 1980, 39% indicated they were involved in AA or a maintenance program, 47% were employed and 66% reported total abstinence.

- The number of successful follow-up contacts in Region II has increased from 41% in 1980 to 55% in 1986; however, the percent of discharged clients indicating that they were involved in a maintenance program at the time of follow-up decreased from 56% in 1980 to 39% in 1986 and percent employed at follow-up decreased from 64% in 1980 to 52% in 1986.

TABLE 25

REGION II
Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	708	703	772	757	1063	1078	957
SEX							
Male	79%	79%	75%	73%	68%	70%	67%
Female	21	21	25	27	32	30	33
RACE							
White	65	67	67	73	75	74	72
Black					1	0	0
Native American	34	32	32	26	23	25	27
Hispanic	1	1	1	1	1	1	1
Other						0	0
AGE							
0-17	3	3	8	5	9	10	8
18-20	6	7	14	10	9	9	10
21-25	16	16	18	20	20	16	18
26-30	13	15	13	19	17	17	18
31-44	32	31	28	30	29	30	32
45-64	26	24	18	15	14	15	12
65+	4	4	1	1	2	3	2
MARITAL							
Never Married	28	32	40	37	37	38	41
Married	32	28	26	37	36	36	34
Separated	7	8	7	5	6	5	7
Divorced	28	28	22	18	18	19	17
Widowed	5	4	5	3	3	2	1
EMPLOYMENT							
Full-Time	21	22	21	33	34	35	33
Part-Time	4	5	7	9	7	8	7
Unemployed	75	73	72	58	59	57	60
HEALTH INSURANCE							
None			66	55	44	43	44
Medicaid/Medicare			5	4	7	5	7
Blue Cross/Blue Shield			9	12	15	15	15
Private Insurance			12	19	12	15	13
Other			8	10	22	22	21

TABLE 26

REGION II
Family Member Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	51	60	82	374	730	974	903
SEX							
Male	12%	17%	21%	31%	30%	36%	34%
Female	88	83	79	69	70	64	66
RACE							
White	92	95	89	94	97	96	92
Black				1	0	0	1
Native American	8	5	10	5	3	3	6
Hispanic			1			1	0
Other						0	1
AGE							
0-17	8	12	10	22	15	16	17
18-20	6	3	2	4	3	3	4
21-25	12	15	10	10	7	10	7
26-30	10	10	18	8	12	9	10
31-44	37	38	23	30	32	28	29
45-64	21	20	35	22	26	28	26
65+	6	2	1	4	5	6	7
MARITAL							
Never Married	18	22	12	28	23	26	27
Married	59	65	51	59	64	62	59
Separated	2	10	10	2	2	2	2
Divorced	20	3	23	9	8	8	9
Widowed	1		4	2	3	2	3
EMPLOYMENT							
Full-Time	29	32	32	35	45	42	40
Part-Time	18	23	18	13	7	10	12
Unemployed	53	45	50	52	48	48	48
HEALTH INSURANCE							
None			33	16	19	19	20
Medicaid/Medicare			4	3	4	5	6
Blue Cross/Blue Shield			30	20	26	27	30
Private Insurance			29	41	43	25	15
Other			4	20	8	24	29

TABLE 27

REGION II
DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	108	197	307	503	668	755	753
SEX							
Male	87%	80%	84%	83%	81%	83%	81%
Female	13	20	16	17	19	17	19
RACE							
White	89	89	82	65	76	77	77
Black	1	1		1	1	1	0
Native American	10	8	17	33	22	21	21
Hispanic		2	1	1	1	1	1
Other							1
AGE							
0-17	1	2	1	2	1	1	2
18-20	6	7	18	11	11	10	8
21-25	16	20	25	25	23	24	22
26-30	15	12	18	16	19	19	18
31-44	24	33	20	28	27	28	29
45-64	36	20	15	15	17	16	17
65+	2	6	3	3	2	2	4
MARITAL							
Never Married	34	34	50	43	43	44	43
Married	37	36	31	36	32	33	30
Separated	2	4	1	4	3	3	4
Divorced	23	22	15	15	20	19	20
Widowed	4	4	3	2	2	1	3
EMPLOYMENT							
Full-Time	69	61	57	52	54	59	60
Part-Time	11	13	11	11	12	19	28
Unemployed	20	26	32	37	34	22	12
HEALTH INSURANCE							
None			40	57	54	-	-
Medicaid/Medicare			4	4	5	-	-
Blue Cross/Blue Shield			19	10	13	-	-
Private Insurance			29	22	19	-	-
Other			8	7	9	-	-

TABLE 28

REGION II

Source of Referral at Admission
To Chemical Dependency Programs

Referral Source	1979	1980	1981	1982	1983	1984	1985	1986
Self	278	239	209	186	175	166	157	157
Hospital	50	21	20	13	13	9	15	52
CMHC	5	5	6	4	3	4	4	3
Private MD	16	5	5	6	17	35	36	28
Public Health	1	0	0	0	1	1	1	2
Own Program	11	14	19	22	12	22	39	30
Court School	0	0	0	0	17	28	15	29
AA, Alanon, Ala.	23	15	21	14	1	33	14	16
Other Alcohol Programs	126	88	86	106	117	152	162	169
Voc Rehab	1	0	0	1	1	1	1	0
Social Services	20	20	16	20	10	27	23	10
Courts	140	116	131	229	159	216	232	183
Police, Probation, Parole	108	59	77	56	20	41	28	34
Attorney, Legal Aid	4	4	6	14	7	6	8	5
Employer	5	5	4	5	17	34	60	27
Church	5	4	2	4	7	5	2	5
School	0	1	1	9	1	10	15	5
Spouse/Family	54	54	47	45	60	135	140	117
Friends	50	49	50	37	29	81	63	58
TV, News, Ads	0	0	0	0	1	0	13	8
Other	18	9	3	1	3	57	49	18
Unknown	2	0	0	0	0	0	1	1
TOTAL	917	708	703	772	671	1,063	1,078	957

TABLE 29

REGION II

First Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

County	1980 Census	Adm Rate 1980	Adm Rate 1981	Adm Rate 1982	Adm Rate 1983	Adm Rate 1984	Adm Rate 1985	Adm Rate 1986
Blaine	6,999	11.3	7.1	8.7	8.9	12.3	9.7	7.6
Cascade	80,696	4.6	3.7	4.8	4.3	6.2	6.4	5.3
Chouteau	6,092	3.8	5.3	1.8	4.1	3.3	5.1	3.6
Glacier	10,628	11.5	11.1	10.0	9.8	11.1	14.8	13.2
Hill	17,985	5.2	6.2	4.8	6.2	9.1	1.3	5.2
Liberty	2,329	6.9	2.6	2.1	1.3	2.6	3.4	2.6
Pondera	6,731	4.2	3.3	4.3	4.9	8.3	6.1	4.0
Teton	6,491	3.5	2.2	4.0	4.5	8.7	4.9	3.9
Toole	5,559	3.6	4.7	5.4	4.7	6.0	7.6	6.1
TOTAL REGION II	143,510	6.1	4.7	5.2	5.1	7.3	7.0	5.7
STATE	786,690	6.5	6.3	7.0	7.0	8.4	7.4	6.5

TABLE 30

REGION II
Reason for Discharge
Primary Chemical Dependency Clients for
Calendar Years 1980 - 1986 [in percents]

Reason For Discharge	1980	1981	1982	1983	1984	1985	1986
Total Discharges	1,226	1,146	1,265	844	1,310	1,511	1,184
Left Before Trmt Completed	31%	46%	39%	38%	28%	28%	32%
Inaccessible, Moved	3%	5%	4%	5%	3%	6%	2%
Died	1%	1%	1%	1%	0%	0%	0%
Treatment Plan Completed	58%	41%	49%	53%	62%	61%	63%
Client Referred	7%	7%	7%	3%	7%	5%	3%

TABLE 30 REGION II

Primary Client Follow-up Information
Six Months After Discharge

Calendar Years 1980 - 1984

	1980	1981	1982	1983	1984	1985	1986
Number of Followup Attempts Attempts	87	195	439	449	411	539	325
Number of Successful Followup Contacts	36	68	152	231	221	318	179
Percent Contacted	41%	35%	35%	51%	54%	59%	55%
Percent in a Maintenance Program	56%	41%	28%	34%	35%	41%	39%
Percent Employed	64%	53%	35%	39%	43%	45%	52%
Percent Abstinent	69%	57%	47%	64%	72%	77%	77%

5.4 Region III Plan Summaries

A. Individual County Plan Summaries

1. Service Area: Yellowstone County - Population: 116,000

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations:

- More appropriate programming for the dually diagnosed person.
- Intermediate care for adolescents is needed.
- Extended rehabilitation care for the recovering elderly client is needed.
- Intermediate care placement for special populations has been a problem in Yellowstone County.

Outpatient:

- Community education regarding the availability of outpatient treatment services is needed.

Inpatient:

- Due to the cost of inpatient treatment and waiting lists at state facilities, inpatient treatment continues to be a problem for indigent clients.

Detoxification: No problems identified.

Transitional Living: No problems identified.

Educational Programs: No problems identified.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/seminars and media ads are provided by the state approved programs in the service area.
- The following service/groups currently have prevention education programs aimed at youthful populations: Billings Elks Club, Kiwanis, Optomists, Suicide Task Force, Community FOCUS, MADD, SADD, District II School Board, PAR (Parents are Responsible) and MTI. Community FOCUS has indicated that more leadership and volunteer time is needed to effect the quality and quantity of services being provided.

2. Service Area: Fergus, Judith Basin, Petroleum and Wheatland Counties - Population: 18,000

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations: No problems identified.

Outpatient: No problems identified.

Inpatient: No problems identified.

Detoxification: No problems identified.

Transitional Living: No problems identified.

Educational Programs: No problems identified.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/seminars, employee assistance and media ads are provided within the four county area by the Alcohol and Drug Services of Central Montana, Inc.

- FOCUS, a community based organization is involved in constructively dealing with community needs with relationship to alcohol and drug abuse.

3. Service Area: Stillwater - Population: 6,255

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations:
- Supportive services are needed for youth.

Outpatient:
- There is a need for chemical dependency education for other professionals.

Inpatient:
- Ineffective communication involving aftercare planning between referral sources poses a problem.

Detoxification: No problems identified.

Transitional Living:
- A transitional living facility is needed in this area.

Educational Programs: No problems identified.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/seminars, media ads and a Minors in Possession program are provided by the Stillwater County satellite program.

4. Service Area: Carbon County - Population: 8,099

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations:
- The needs of the aged population are not being met.
  Solution: Continue staffing with and offering training for nursing home personnel. Develop public service announcements and newspaper coverage. Pursue collaboration with other state agencies.

Outpatient:
- Lack of counselor time to meet the demands and needs of the catchment area.
  Solution: Focus will be on coordinating the primary aspects of the chemical and preventative programs.

Inpatient:
- Inpatient programs not referring back to the outpatient program.
  Solution: Have direct communication with residential treatment programs. In addition, regional contracts with inpatient treatment programs seem to facilitate more appropriate communication.

Detoxification: No problems identified.

Transitional Living:
- The major problem is arranging transportation for clients.
  Solution: Have the AA community continue to provide some transportation for clients.

Educational Programs:
- Need to develop more effective communication of treatment recommendations through the judicial system.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/seminars, media ads, consultation and a Minors in Possession program are provided by the Carbon County satellite program.

5. Service Area: Big Horn County - Population: 11,096

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations: No problems identified.

Outpatient: No problems identified.

Inpatient:
- It is difficult to provide inpatient treatment needs for indigent clients.

Detoxification: No problems identified.

Transitional Living: No problems identified.

Educational Programs:
- A need for a closer relationship with the judicial community.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/seminars, a Minors in Possession program, employee assistance, consultation or technical advice are provided by the Big Horn County satellite.

- CITE, an organization coordinated through the Coal Board Grant Program, facilitates community awareness through prevention projects and technical inservice workshops.

6. Service Area: Mussellshell County - Population: 4,429

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations: No problems identified.

Outpatient: No problems identified.

Inpatient:
- More treatment services are needed for the indigent client.

Detoxification: No problems identified.

Transitional Living:
- A transitional living facility is needed in this area.

Educational Programs: No problems identified.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/seminars, a Minors in Possession program, employee assistance, are provided by the Mussellshell County satellite program.

- Community INSIGHT, a community awareness program, is involved in prevention activities, ie, TALK, MTI, and TIP.

7. Service Area: Golden Valley County - Population: 1,026

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations: No problems identified.

Outpatient: No problems identified.

Inpatient: No problems identified.

Detoxification: No problems identified.

Transitional Living: No problems identified.

Educational Programs: No problems identified.

b. Prevention Services and Problems

- Literature distribution, school presentations and workshops/ seminars are provided by the Mussellshell County satellite program.

8. Service Area: Sweetgrass County - Population: 3,216

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations:
- Transitional living facilities are needed for women.

- There exists a lack of expedient inpatient treatment resources for the indigent adolescent.

Outpatient: No problems identified.

Inpatient: No problems identified.

Detoxification:
- The distance to the Montana State Hospital causes concern for clients in acute withdrawal and/or creates a medical emergency enroute.

Transitional Living: No problems identified.

Educational Programs: No problems identified.

b. Prevention Services and Problems

- Literature distribution, school presentations and a Minors in Possession program are provided by the Sweetgrass County satellite program.

B. Summary of Region III Common Needs and Problems

- Obtaining appropriate treatment for indigent clients is a problem. The waiting list for admittance to Galen is a problem in obtaining treatment services for indigents.

- A gap exists in the continuum of care due to the unavailability of transitional living facilities in the Region.

C. Region III Statistics and Data Highlights

1. Primary Client Characteristics at Admission [See Table 31]

- Region III has averaged 942 first admissions per year since 1980. Between 1985 and 1986, admissions dropped 25%, from 986 to 740.
- The percent of women entering treatment in Region III has increased from 26% of the total admissions in 1980 to 31% in 1986.
- The treatment of youth 17 years and younger has averaged 8% of the total first admissions from 1980 to 1984 but increased to 10% in 1985 and 1986. Admissions for persons 18-20 has averaged 9%. Treatment of persons in the 21-25 year age group has increased from 11% of the total admissions in 1980 to 15% in 1986.
- 46% of the total admissions to Region III program in 1986 had some type of employment at the time of admission; however, since 1985 only 46% had insurance.

2. Family Member Characteristics at Admission [See Table 32]

- Region III has admitted over 400 family member clients per year since 1984.
- The majority of family member clients admitted in Region III are women accounting for 78% of the total family member treatment admissions since 1980.
- The majority of family member clients appear to be over the age of 25 [76%].
- 48% of the total family members admitted for treatment in 1980 were employed at admission compared with 60% in 1986. Approximately 80% of the total family member clients had some type of insurance.

3. DUI Court School Client Characteristics at Admission [See Table 33]

- DUI court school client admissions have increased from 360 admissions in 1980 to 1,014 admissions in 1985 and dropped back to 840 in 1986. This increase reflects the statewide trend which has resulted from stiffer DUI legislation effective in October 1981 and a leveling off in 1986.
- Since 1980, 82% of the total admissions to DUI court schools were men; however, the number of women admitted to Region III court school programs has increased slightly from 12% of the total client population in 1980 to 18% in 1986.
- 51% of the total clients admitted to DUI court schools are under 30 years of age.
- 91% of the total clients admitted to DUI court schools were employed at the time of admission.

4. Source of Referral at Admission [See Table 34]

In 1986, the majority of referrals to Region III programs were reported to be self referrals [20%], followed by referrals from other programs [18%].

5. First Admissions to Chemical Dependency Programs by County of Residence and Admission Rates Per Thousand [See Table 35]

- Admission rates per thousand, based on first admissions to state approved chemical dependency programs by county of residence show that in 1986 Big Horn and Stillwater counties had the highest rates [12.9] and [11.4] followed by Wheatland County [7.6]. Region III has had a lower rate per thousand than the statewide rate of 6.5.

6. Reason For Discharge [See Table 36]

- The number of clients completing their treatment plans in Region III has increased from 42% in 1980 to 59% in 1986. Clients failing to complete treatment has dropped to 30%, and those clients discharged because of inaccessibility has averaged 3%. Clients referred elsewhere has decreased from 15% of all discharges in 1980 to 8% in 1986.

7. Primary Client Follow-up Information [See Table 39]

- All state approved programs are required to do follow-up, for the purpose of determining treatment effectiveness, 6 months after the client's treatment plan is completed. Chemical dependency programs in Region III have attempted to follow-up 2,701 clients since 1980 and successfully contacted 1,200 [44%].

- Of the 1,200 successful follow-up contacts since 1980, 53% indicated they were involved in AA or a maintenance programs. 61% were employed and 78% reported total abstinence.

- The number of persons employed at the time of follow-up has increased from 58% in 1980 to 66% in 1986.

TABLE 31

REGION III
Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	836	893	1083	963	1083	996	740
SEX							
Male	74%	72%	71%	70%	70%	73%	69%
Female	26	28	29	30	30	27	31
RACE							
White	76	80	85	83	84	81	85
Black	1	1			0	1	0
Native American	20	16	17	13	13	16	12
Hispanic	2	3	2	4	3	2	2
Other	1		1				1
AGE							
0-17	8	7	11	6	7	10	10
18-20	6	8	11	8	10	9	8
21-25	11	15	15	18	16	13	15
26-30	13	14	15	17	16	17	17
31-44	33	33	30	34	32	32	34
45-64	26	21	17	16	16	16	15
65+	3	2	1	1	3	3	1
MARITAL							
Never Married	30	33	38	35	35	37	39
Married	32	33	28	34	34	34	34
Separated	7	6	8	8	8	5	7
Divorced	27	25	22	21	21	20	19
Widowed	5	3	4	2	2	3	1
EMPLOYMENT							
Full-Time	31	29	31	37	38	37	37
Part-Time	6	9	8	9	9	9	9
Unemployed	63	62	61	54	53	54	54
HEALTH INSURANCE							
None			55	51	45	44	44
Medicaid/Medicare			5	4	5	5	4
Blue Cross/Blue Shield			6	9	10	17	16
Private Insurance			20	23	18	19	19
Other			14	13	22	15	17

TABLE 32

REGION III
Family Member Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	319	277	275	389	499	494	436
SEX							
Male	25%	25%	19%	21%	21%	24%	22%
Female	75	75	81	79	79	76	78
RACE							
White	94	94	98	95	95	92	92
Black	1				0	1	0
Native American	3	4	2	3	4	6	8
Hispanic	2	1		2	1	1	0
Other		1			0	0	0
AGE							
0-17	20	24	16	13	6	9	13
18-20	5	4	3	5	4	3	3
21-25	8	8	10	12	12	8	8
26-30	12	11	16	12	15	14	12
31-44	34	34	37	37	40	41	39
45-64	20	17	17	18	22	22	24
65+	1	1	1	3	1	3	1
MARITAL							
Never Married	26	30	24	21	17	15	22
Married	59	51	55	65	64	62	60
Separated	5	6	10	6	8	7	6
Divorced	9	11	10	7	10	13	10
Widowed	1	2	1	1	1	3	2
EMPLOYMENT							
Full-Time	34	36	39	47	47	47	48
Part-Time	13	14	18	12	18	15	12
Unemployed	52	50	43	47	35	38	40
HEALTH INSURANCE							
None			35	23	20	21	20
Medicaid/Medicare			6	3	4	4	4
Blue Cross/Blue Shield			12	19	19	22	27
Private Insurance			32	41	45	43	35
Other			15	14	12	10	4

TABLE 33

REGION III
DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	360	364	661	743	845	1014	890
SEX							
Male	88%	85%	86%	85%	82%	81%	82%
Female	12	15	14	15	18	19	18
RACE							
White	86	90	81	84	84	86	80
Black	1			1	1		0
Native American	10	8	16	13	12	12	17
Hispanic	3	2	31	2	3	2	3
Other							
AGE							
0-17	4	5	2	1	2	2	1
18-20	14	15	12	13	9	10	9
21-25	24	21	22	22	24	21	21
26-30	16	12	16	16	16	17	20
31-44	25	28	27	28	31	32	33
45-64	15	18	19	17	17	15	14
65+	2	1	2	3	1	3	2
MARITAL							
Never Married	48	42	38	40	43	42	39
Married	30	34	37	33	33	32	32
Separated	4	3	3	2	3	4	5
Divorced	16	19	20	22	19	19	22
Widowed	2	2	2	3	2	3	2
EMPLOYMENT							
Full-Time	63	61	57	55	60	62	68
Part-Time	10	12	12	11	12	16	24
Unemployed	27	27	31	33	28	22	8
HEALTH INSURANCE							
None			39	36	39	40	-
Medicaid/Medicare			3	4	2	2	-
Blue Cross/Blue Shield			12	10	11	12	-
Private Insurance			22	29	32	31	-
Other			24	21	16	15	-

TABLE 34

REGION III

Source of Referral at Admission
To Chemical Dependency Programs

Referral Source	1979	1980	1981	1982	1983	1984	1985	1986
Self	243	256	297	394	320	295	206	148
Hospital	87	75	84	99	53	61	49	26
CMHC	9	15	16	13	9	14	11	11
Private MD	27	16	18	11	29	17	22	21
Public Health	4	5	2	2	0	0	1	0
Own Program	10	3	2	3	6	21	9	5
Court School	0	0	0	2	5	38	22	16
AA, Alanon, Ala.	48	37	37	25	24	41	11	5
Other Alcohol Programs	82	78	71	118	133	78	125	132
Voc Rehab	2	0	2	0	1	2	2	1
Social Services	33	23	31	44	27	39	29	21
Courts	92	52	49	58	75	119	120	78
Police, Probation, Parole	162	131	95	124	76	98	118	48
Attorney, Legal Aid	18	10	2	2	6	8	6	7
Employer	13	12	17	13	20	22	21	24
Church	4	3	3	4	4	10	3	4
School	23	8	11	7	13	15	21	5
Spouse/Family	109	80	116	120	111	113	135	114
Friends	63	29	39	39	33	38	49	39
TV, News, Ads	8	2	4	1	1	1	5	3
Other	8	1	2	4	16	53	30	31
Unknown	3	0	0	0	0	0	1	1
TOTAL	1,048	836	893	1,083	963	1,083	996	740

TABLE 35

REGION III

First Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

County	1980 Census	Adm Rate 1980	Adm Rate 1981	Adm Rate 1982	Adm Rate 1983	Adm Rate 1984	Adm Rate 1985	Adm Rate 1986
Big Horn	11,096	12.9	6.4	11.5	11.7	13.3	18.3	12.9
Carbon	8,099	5.2	7.5	5.3	3.6	7.2	6.2	6.5
Fergus	13,076	7.0	7.0	4.8	4.7	6.0	8.9	6.4
Golden Valley	1,026	6.8	14.6	11.7	11.7	6.0	3.9	4.9
Judith Basin	2,646	4.2	3.4	2.6	1.1	1.9	4.2	5.3
Musselshell	4,428	12.0	7.7	9.9	5.4	7.0	6.3	6.8
Petroleum	655	1.7	4.6	1.5	1.5	1.4	4.6	1.5
Stillwater	5,598	5.9	5.9	5.0	4.6	5.0	14.5	11.3
Sweet Grass	3,216	3.4	4.0	3.7	5.0	5.9	9.3	6.5
Wheatland	2,359	7.2	5.0	6.4	2.1	3.9	8.5	7.6
Yellowstone	108,035	6.1	6.6	7.9	7.1	7.6	6.0	5.5
TOTAL REGION III	160,234	6.6	6.6	7.5	6.7	7.5	7.4	6.4
STATE	786,690	6.5	6.3	7.0	7.0	8.4	7.4	6.5

TABLE 36

REGION III
Reason for Discharge
Primary Chemical Dependency Clients for
Calendar Years 1980 - 1986 [in percents]

Reason For Discharge	1980	1981	1982	1983	1984	1985	1986
Total Discharges	1,306	1,218	1,409	1,158	1,316	1,428	994
Left Before Trmt Completed	39%	37%	39%	42%	38%	31%	30%
Inaccessible, Moved	3%	4%	3%	2%	4%	3%	3%
Died	1%	0%	0%	0%	0%	0%	0%
Treatment Plan Completed	42%	52%	49%	50%	55%	58%	59%
Client Referred	15%	7%	9%	7%	3%	8%	8%

TABLE 36

REGION III

Primary Client Follow-up Information
Six Months After Discharge

Calendar Years 1980 - 1984

	1980	1981	1982	1983	1984	1985	1986
Number of Followup Attempts Attempts	93	155	499	569	562	483	340
Number of Successful Followup Contacts	45	94	167	210	196	309	179
Percent Contacted	48%	61%	34%	37%	35%	64%	53%
Percent in a Maintenance Program	62%	59%	57%	55%	60%	36%	56%
Percent Employed	58%	56%	65%	66%	66%	49%	66%
Percent Abstinent	82%	73%	82%	79%	74%	78%	80%

5.5 Region IV Plan Summaries

A. Individual County Plan Summaries

1. Service Area: Gallatin County - Population: 47,151

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations

- There is a need for a specialized women's recovery group.
- An adolescent halfway house is needed for Gallatin County.

Outpatient:

- The lengthy travel distance to West Yellowstone poses a problem. Solution: West Yellowstone clients will be encouraged to travel to Bozeman, when possible.

Inpatient:

- It is difficult to provide services for indigent clients and some programs do not honor certain insurances.

Detoxification:

- Detox services are difficult to obtain in local communities for indigent clients.

Transitional Living: No problems identified.

Educational Programs:

- There is a logistic problem in providing the ACT court school in West Yellowstone.
  Solution: Have video equipment available so DUI clients can view tapes while staff spends their time performing evaluations.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/ seminars, media ads and public service announcements are provided by the state approved programs.
- School based prevention programs are TALK, Core Teams, Insight and Concerned Persons groups.
- The Chemical Dependency Awareness Task Force facilitates prevention activities within the Bozeman area.

2. Service Area: Park, Beaverhead, Madison and Meagher Counties - Population: 28,957.

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

- Transitional living facilities for women have been identified as a need.

- There is a lack of expedient inpatient treatment resources for indigent adolescents.

Outpatient: No problems identified.

Inpatient:
- The lengthy waiting list for Galen has created a problem.

Detoxification:
- Transportation costs to Galen poses a problem.

Transitional Living:
- There is a need for a transitional living facility.

Educational Programs: No problems identified.

b. Prevention Services and Problems

- Literature distribution, school presentations, employee assistance, the development of a student assistance program and consultation with other agencies are provided by the Southwest Chemical Dependency Services.

3. Service Area: Anaconda/Deer Lodge and Granite (Philipsburg area) Counties - Population: 13,700

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations: No problems identified.

Outpatient: No problems identified.

Inpatient: No problems identified.

Detoxification: No problems identified.

Transitional Living: No problems identified.

Educational Programs: No problems identified.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/ seminars, employee assistance and a Minors in Possession program are offered by the Alcoholism Service of Anaconda/Deer Lodge County program.

- Community Intervention has implemented an Insight group in the schools and a Parents In Action group.

4. Service Area: Powell and Granite (Drummond, Hill and Maxville area) Counties - Population: 9,500

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations:

- Little is known about the need of the aged.
  Solution: Use existing media to reach and serve this population.

- A transitional living facility for women is needed.

Outpatient:

- The area is depressed and the majority of clients lack insurance and the ability to pay for services. The Chemical Dependency and Family Counseling, Inc. lack adequate space to provide group services.

Inpatient:

- Full occupancy at Galen is a problem because clients have been referred back to the community after detoxification to wait for an opening in the treatment unit.

Detoxification:

- Drug detoxification is seen as a need due to Galen accepting these clients on a conditional basis only and the reluctance of local hospitals to do these detoxifications.

Transitional Living: No problems identified.

Educational Programs:

- Fee collection for ACT court school is difficult as most DUI offenders are indigent.

- Better tracking of ACT/DUI clients is seen as a need.

- Granite County does not refer minors to the Minors in Possession Program.

- Lack of sufficient funds to purchase needed films for Minors in Possession Program.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/ seminars, media ads and a Minors in Possession program are provided by the Chemical Dependency and Family counseling, Inc. program.

- The Powell County school system has various prevention activities and programs.

- ATAC (Alternatives to Teenage Alcohol and Chemical Use), a community based prevention program, has provided prevention and educational activities within the communities.

5. Service Area: Butte/Silver Bow County - Population: 37,950

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations: No problems identified.

Outpatient: No problems identified.

Inpatient: No problems identified.

Detoxification: No problems identified.

Transitional Living: No problems identified.

Educational Programs: No problems identified.

b. Prevention Services and Problems

- Literature distribution, school presentations, media ads and a Minors in Possession program are provided by the state approved programs.
- The Butte school systems have active prevention programs.
- Citizens for Chemical Awareness is a community based program for coordinating prevention activities in the Butte/Silver Bow area.

6. Service Area: Lewis & Clark, Jefferson and Broadwater Counties - Population: 53,356

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations:

- The counties identify the following groups in need of specialized services: Native American children under age 12, adolescents who have little or no family involvement, and adolescents who use inhalants.
- Specific treatment services for women have not been developed.
- Specific treatment services for aged have not been developed. Solution: Target this population with prevention/education strategies.
- Transitional living facilities are needed for women and adolescents.

Outpatient:

- Increasing demand for services with little hope of additional funding creates a problem.

Solution: 1) To develop more aggressive strategies to collect client fees; 2) Aggressively pursue third party payments, and 3) explore more efficient methods of providing services including greater use of group therapy and more effective use of referral resources.

Inpatient:

- The lengthy waiting period for state funded beds at Northern Montana Chemical Dependency Program, Inc. and Galen has created a problem.

Detoxification: No problems identified.

Transitional Living: No problems identified.

Educational Programs:

- The increase of DUI offenders determined indigent by judges has caused an increase in ACT fees.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/ seminars, consultation to other agencies, employee assistance and a Minors in Possession program are available through Boyd Andrew Service Center.

- The Helena school system has active prevention/education programs.

- Community Care, a community based program has developed parent networks and educational activities.

B. Summary of Region IV Common Needs and Problems

- The aged have a need for educational and treatment services.

- Obtaining inpatient services for indigent clients was delineated as a problem due to the lengthy waiting period for Galen and state funded beds for indigents at Northern Montana Chemical Dependency Program, Inc.

- Majority of plans expressed a need for transitional living facilities for women and adolescents.

C. Region IV Statistics and Data Highlights

1. Primary Client Characteristics at Admission [See Table 37]

- Region IV has averaged 1,063 first admissions per year since 1980.

- 69% of the total first admissions since 1980 have been men.

- Treatment of youth 17 years and younger has increased from 9% of the total first admissions in 1980 to 22% in 1986. Admissions for clients between the ages of 18-20 have increased from 7% of the total in 1980 to 11% in 1986 and first admissions of young adults between 21-25 has increased from 13% to 18%. In 1986, 51% of Region IV's treatment population was under the age of twenty-five.

- In 1986, only 29% of the total admissions to Region IV programs had some type of employment at the time of admission and only 43% had insurance.

2. Family Member Characteristics at Admission [See Table 38]

- Region IV has increased the number of family members admitted for treatment from 178 first admissions in 1980 to 733 in 1986.

- Although the majority of family members admitted as clients are women, there appears to be a trend that more men are seeking treatment as family members as evidenced by the fact that in 1980 men comprised only 19% of the total admissions compared with 38% in 1986.

- It is significant to note that 24% of the total family clients are under the age of seventeen which suggests that Region IV programs are impacting children of chemically dependent persons.

- 42% of the total family clients were employed at admission and 80% had insurance in 1986.

3. DUI Client Characteristics at Admission [See Table 39]

- DUI court school client admissions have increased from 215 first admissions in 1980 to 936 admissions in 1985 dropping to 881 in 1986. This increase reflects the statewide trend which has resulted from stiffer DUI legislation effective October 1981 and leveling off in 1986.

- Since 1980, 84% of total admissions to court schools were men; however, the number of women admitted to Region IV court school programs has increased from 14% of the total admissions in 1980 to 18% in 1986.

- 56% of the total clients admitted to DUI court schools were under 30 years of age.

- 80% of the total clients admitted to DUI court schools were employed at the time of admission.

4. Source of Referral [See Table 40]

- In 1986, the majority of referrals to Region IV programs were reported to be from other chemical dependency programs [20%], followed by police and self referrals (14%).

5. First Admissions to Chemical Dependency Programs by County of Residence and Admission Rates per Thousand [See Table 41]

- Admission rates per thousand, based on first admissions to state approved programs by county of residence, show that in 1986 Deer Lodge County had the highest rate [9.2] in Region IV, followed by Powell County [8.6]. In 1986, Region IV had a higher rate per thousand [7.0] than the statewide rate of 6.5.

6. Reason for Discharge [See Table 42]

- In 1986, 62% of the total primary clients discharged from Region IV programs completed their treatment plans, 24% failed to complete treatment, 7% were inaccessible or moved and 7% were referred elsewhere. The number of clients completing treatment increased from 40% of the total in 1980 to 62% in 1986.

7. Primary Client Follow-up Information [See Table 42]

- All state approved programs are required to do follow-up, for the purpose of determining treatment effectiveness, 6 months after the client's treatment plan has been completed. Chemical dependency programs in Region IV have attempted to follow-up 3,354 clients since 1980 and successfully contacted 1,888 [56%].

- Of the 1,888 successful follow-up contacts since 1980, 49% indicated they were involved in AA or a maintenance program, 51% were employed and 84% reported total abstinence.

- Region IV has increased the number of follow-up attempts from 82 in 1980 to 599 in 1986 and the percent of clients contacted has increased from 59% to 68%. The percent of clients employed at the time of follow-up has decreased from 65% in 1980 to 54% in 1986.

TABLE 37

REGION IV
Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	840	933	959	964	1405	1321	1014
SEX							
Male	70%	70%	68%	69%	68%	70%	69%
Female	30	30	33	31	32	30	31
RACE							
White	91	89	88	92	91	91	87
Black			1		0	0	0
Native American	8	9	9	6	8	8	10
Hispanic	1	1	2	1	1	1	2
Other		1		1	0	0	1
AGE							
0-17	9	15	20	20	24	23	22
18-20	7	11	14	14	14	13	11
21-25	13	12	17	17	17	16	18
26-30	14	12	15	15	14	14	15
31-44	30	28	23	23	23	24	25
45-64	22	19	10	10	10	8	8
65+	5	3	1	1	2	2	1
MARITAL							
Never Married	35	41	51	52	60	58	57
Married	31	30	24	23	21	21	18
Separated	6	4	5	5	3	4	6
Divorced	24	22	18	18	14	15	18
Widowed	4	3	2	2	1	2	1
EMPLOYMENT							
Full-Time	35	31	25	23	25	25	21
Part-Time	6	6	13	10	9	10	8
Unemployed	59	63	67	67	66	65	71
HEALTH INSURANCE							
None			57	58	48	45	57
Medicaid/Medicare			6	5	3	4	8
Blue Cross/Blue Shield			9	9	13	16	11
Private Insurance			13	16	26	24	15
Other			15	12	10	11	9

TABLE 38

REGION IV
Family Member Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	178	159	189	321	535	696	733
SEX							
Male	19%	21%	19%	25%	32%	34%	38%
Female	81	79	81	75	68	66	62
RACE							
White	93	93	96	92	91	95	91
Black				1	0	0	0
Native American	6	6	4	6	8	5	7
Hispanic	1	1		1	1	0	1
Other				1	0	0	1
AGE							
0-17	15	17	15	17	24	20	24
18-20	6	4	7	4	6	4	5
21-25	12	12	13	7	7	7	6
26-30	14	15	15	12	9	8	6
31-44	32	33	32	41	37	43	39
45-64	19	18	15	17	17	17	18
65+	2	1	3	2	1	1	2
MARITAL							
Never Married	22	25	26	25	33	29	37
Married	62	57	54	55	52	53	46
Separated	7	7	5	6	2	4	3
Divorced	7	9	15	12	12	12	12
Widowed	2	2		2	0	2	2
EMPLOYMENT							
Full-Time	38	38	36	35	41	46	37
Part-Time	13	16	13	12	7	9	5
Unemployed	49	46	51	53	52	45	58
HEALTH INSURANCE							
None			45	37	21	21	20
Medicaid/Medicare			5	3	6	7	4
Blue Cross/Blue Shield			21	19	21	24	24
Private Insurance			20	22	40	42	38
Other			9	19	12	6	14

TABLE 39

REGION IV

DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	215	326	624	726	928	936	881
SEX							
Male	86%	85%	84%	83%	82%	85%	82%
Female	14	15	16	17	18	15	18
RACE							
White	94	96	96	98	96	94	94
Black					0	0	0
Native American	5	4	3	2	3	4	5
Hispanic	1		1		1	1	1
Other					0	0	0
AGE							
0-17	2	2	1	2	1	1	1
18-20	17	15	18	16	13	14	12
21-25	23	22	24	23	27	26	25
26-30	11	14	17	16	18	19	18
31-44	28	27	21	26	24	28	28
45-64	16	16	16	15	14	10	13
65+	2	3	2	2	3	2	3
MARITAL							
Never Married	46	45	50	48	49	53	52
Married	32	30	30	25	25	25	24
Separated	4	2	3	5	3	3	2
Divorced	17	21	15	20	20	17	19
Widowed	1	2	2	1	3	2	3
EMPLOYMENT							
Full-Time	64	58	48	48	47	57	59
Part-Time	12	9	14	12	13	13	21
Unemployed	24	33	38	40	40	30	22
HEALTH INSURANCE							
None			38	45	48	48	-
Medicaid/Medicare			4	4	4	3	-
Blue Cross/Blue Shield			14	15	12	11	-
Private Insurance			23	21	29	31	-
Other			21	15	7	7	-

TABLE 40

REGION IV

Source of Referral at Admission
To Chemical Dependency Programs

eferral Source	1979	1980	1981	1982	1983	1984	1985	1986
elf	243	176	219	300	222	204	174	142
ospital	87	19	27	12	17	40	38	44
MHC	9	11	6	2	9	12	11	8
rivate MD	27	37	20	10	13	11	8	13
ublic Health	4	1	3	0	2	0	1	2
wn Program	10	17	18	29	28	4	8	4
ourt School	0	0	0	9	45	325	207	128
A, Alanon, Ala.	48	16	14	4	2	4	10	10
ther Alcohol Programs	82	157	140	145	182	247	296	200
oc Rehab	2	2	1	1	0	2	2	1
ocial Services	33	17	17	31	19	33	36	50
ourts	92	59	58	108	142	116	146	89
olice, Probation, Parole	162	84	193	176	169	236	204	145
ttorney, Legal Aid	18	4	4	5	3	8	9	14
mployer	13	31	27	43	10	12	15	5
hurch	4	4	1	2	2	4	5	0
chool	23	10	2	6	19	50	34	27
pouse/Family	109	97	92	44	35	57	82	95
riends	63	54	45	20	25	26	23	15
V, News, Ads	8	19	35	5	1	4	3	3
ther	8	23	5	4	19	9	13	18
nknown	3	2	6	3	0	1	1	1
OTAL	876	840	933	959	964	1,405	1,326	1,014

TABLE 41

REGION IV

First Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

County	1980 Census	Adm Rate 1980	Adm Rate 1981	Adm Rate 1982	Adm Rate 1983	Adm Rate 1984	Adm Rate 1985	Adm Rate 1986
Beaverhead	8,186	10.9	6.2	10.3	13.3	12.9	12.0	7.0
Broadwater	3,267	1.2	1.5	5.5	6.4	3.4	4.0	6.2
Deer Lodge	12,518	10.6	15.4	14.5	9.7	7.2	10.2	9.2
Gallatin	42,865	2.9	13.8	5.0	5.6	13.0	10.0	5.9
Granite	2,700	4.0	5.9	6.7	8.9	2.2	1.1	5.2
Jefferson	7,029	6.7	5.0	6.4	5.0	2.8	4.6	3.8
Lewis & Clark	43,039	6.0	5.1	5.7	5.6	6.2	8.2	7.8
Madison	5,448	3.7	7.5	6.8	5.9	4.4	5.0	4.0
Meagher	2,154	6.5	7.4	7.0	6.0	5.7	4.2	2.8
Park	12,660	7.6	6.2	7.5	7.9	4.0	9.6	7.3
Powell	6,958	11.8	15.2	12.9	9.6	13.0	9.9	8.6
Silver Bow	38,092	8.2	9.0	7.2	6.8	10.2	8.1	7.7
TOTAL REGION IV	184,916	6.7	6.9	7.1	6.8	9.1	8.6	7.0
STATE	786,690	6.5	6.3	7.0	7.0	8.4	7.4	6.5

TABLE 42

REGION IV
Reason for Discharge
Primary Chemical Dependency Clients for
Calendar Years 1980 - 1986 [in percents]

Reason For Discharge	1980	1981	1982	1983	1984	1985	1986
Total Discharges	987	1,172	1,168	1,983	1,432	1,645	1,228
Left Before Trmt Completed	32%	34%	34%	28%	25%	25%	24%
Inaccessible, Moved	12%	8%	12%	10%	7%	7%	7%
Died	0%	1%	1%	0%	0%	0%	0%
Treatment Plan Completed	40%	48%	41%	53%	63%	60%	62%
Client Referred	16%	9%	12%	9%	5%	8%	7%

TABLE 42

REGION IV

Primary Client Follow-up Information
Six Months After Discharge

Calendar Years 1980 - 1984

	1980	1981	1982	1983	1984	1985	1986
Number of Followup Attempts Attempts	82	391	365	569	683	665	599
Number of Successful Followup Contacts	48	287	242	210	353	339	409
Percent Contacted	59%	73%	66%	37%	52%	51%	68%
Percent in a Maintenance Program	56%	52%	38%	55%	45%	36%	60%
Percent Employed	65%	44%	48%	45%	57%	44%	54%
Percent Abstinent	81%	83%	84%	82%	83%	89%	89%

5.6 Region V Plan Summaries

A. Individual County Plan Summaries

1. Service Area: Missoula County - Population: 77,300

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations:

- Need for increased outreach to youth.
- The need for assessment of Native Americans is not being met.

Outpatient: No problems identified.

Inpatient: No problems identified.

Detoxification: No problems identified.

Transitional Living: No problems identified.

Educational Programs:

- Major problem with ACT school is funding and remaining self-sufficient.
- Judicial system at times is inconsistent with DUI offenders.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/seminars, consultation, employee assistance and media ads are available in Missoula County.
- Community Care is a coordinating organization pulling together the human service agencies for a better networking system.
- Care One was created specifically for elementary schools. Intercept is a parent education program offered through the schools. Student assistance programs are available in Missoula County schools.

2. Service Area: Ravalli County - Population: 24,000

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Population: No problems identified.

Outpatient:

- The demand for services exceeds current staff hours.
  Solution: 1) Increase emphasis on group counseling as a primary treatment modality, 2) Limiting travel time, and 3) Limiting counselor training during scheduled work time.

Inpatient: No problems identified.

Detoxification: No problems identified.

Transitional Living: No problems identified.

Educational Programs: No problems identified.

b. Prevention Services and Problems

- Literature distribution, student assistance, school presentations, workshops/seminars, media ads and a Minors in Possession program is provided by the Ravalli County Chemical Dependency Services, Inc.

- The Bitterroot Valley Intervention Project (VIP) is the umbrella organization for developing, organizing and sponsoring community awareness activities throughout Ravalli County.

3. Service Area: Lake County - Population: 20,800

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Population:
- No facility exists which provides culturally relevant treatment to Native American adults or youth.

Outpatient:
- Fee collection poses conflict with statement that no one shall be refused service.

Inpatient:
- The long waiting period for admittance at Galen creates problems.

Detoxification: No problems identified.

Transitional Living:
- A transitional living facility is needed in western Montana to fill the gap between inpatient and outpatient/aftercare.

Educational Programs: No problems identified.

b. Prevention Services and Problems

- Literature distribution, school presentations, media ads and a Minors in Possession program is provided by the Lake County Chemical Dependency Program.

- The Confederated Salish/Kootenai Tribes are involved in the development and training of curriculum for K-12, and community workshops to raise the awareness of the public.

4. Service Area: Lincoln, Sanders and Mineral Counties - Population: 30,662

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations: No problems identified.

Outpatient:

- The decrease in revenue is causing cutbacks in staffing hours. Solution: A billing plan has been implemented to develop more funds for staffing.

Inpatient:

- The long waiting period for admittance to Galen has created problems. Solution: Start an intensive outpatient program.

Detoxification: No problems identified.

Transitional Living: No problems identified.

Educational Programs: No problems identified.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/seminars and media ads are provided by Recovery Northwest Alcohol Service Centers.

- The school systems have active prevention programs.

- CI, the community based program, focuses on community awareness and education.

5. Service Area: Flathead County - Population: 51,462

a. Gaps, Problems, Solutions in Delivering or Obtaining Services

Special Populations: No problems identified.

Outpatient: No problems identified.

Inpatient: No problems identified.

Detoxification: No problems identified.

Transitional Living: No problems identified.

b. Prevention Services and Problems

- Literature distribution, school presentations, workshops/seminars, media ads, employee and student assistance programs are provided by the Flathead Valley Chemical Dependency Clinics, Inc.

- The primary prevention organization, is CA/RE which facilitates activities within the school systems and communities of Flathead County.

B. Summary of Region V Common Needs and Problems

- There is a need for a transitional living facility.
- Obtaining inpatient treatment for indigent clients is sometimes difficult because of waiting lists and lack of available treatment beds, particularly at Galen.
- An increasing need for an adolescent inpatient treatment unit for indigent and low income youth was identified.
- The increase in demand for services and decrease in funding was identified as a problem.

C. Region V Statistics and Data Highlights

1. Primary Client Characteristics at Admission [See Table 43]

- Region V has averaged 1,068 first admissions per year since 1980. The number of first admissions has increased from 848 in 1980 to 1,298 in 1984 and dropped back to 1,054 in 1986.
- Since 1980, 74% of the total first admissions to Region V programs have been men. There has been a slight decrease of women entering treatment in this region; in 1980 women accounted for 28% of all admissions compared to 25% in 1986.
- First admissions of youth 17 years and younger has increased from 12% of the total to 20% in 1986. Clients in the age group 18-25 have decreased since 1980 from 30% to 23%.
- In 1986, only 38% of the total admissions to Region V programs were employed and only 49% had insurance.

2. Family Member Characteristics at Admission [See Table 44]

- Region V has increased the number of family members admitted for treatment from 196 in 1980 to 368 in 1986.
- Although the majority of family members admitted as clients are women [approximately 75% of the total admissions since 1980], there appears to be a trend that more men are seeking treatment as family members evidenced by the fact that in 1980 men comprised only 16% of the total admissions compared with 27% in 1986.
- It is significant to note that 16% of the total family clients were under the age of seventeen which suggests that Region V programs are impacting children of chemically dependent persons.

- 50% of the total family clients were employed at admission and 66% had insurance.

3. DUI Client Characteristics at Admission [See Table 49]

- DUI court school client admissions have increased drastically in Region V from 379 first admissions in 1980 to 1,299 admissions in 1985, dropping to 956 in 1986. This increase reflects the statewide trend which has resulted from stiffer DUI legislation effective in October 1981 and leveled off in 1986.

- Since 1980, 81% of the total admissions to DUI court schools were men; the percentage of women admitted to Region V court school programs has consistently accounted for 17% of the total admissions up to 1984 and increasing to 20% in 1985 and 1986.

- 53% of the total clients admitted to DUI court schools were under 30 years of age in 1986.

- In 1986, 88% of the total clients admitted to DUI court schools were employed at the time of admission.

4. Source of Referral at Admission [See Table 46]

- In 1986, the majority of referrals to Region V programs were from other chemical dependency programs [11%], followed by self referrals (19%).

5. First Admission to Chemical Dependency Programs by County of Residence and Admission Rates Per Thousand [See Table 47]

- Admission rates per thousand, based on first admissions to state approved chemical dependency programs by county of residence, show that in 1986 Mineral County had the highest rate [9.5] in Region V, followed by Lake County [8.9]. This Region equaled the state average of 6.5.

6. Reason for Discharge [See Table 48]

- In 1986, 56% of the total primary clients discharged from Region V programs completed their treatment plans, 33% failed to complete treatment, 5% were inaccessible or moved and 6% were referred elsewhere.

- It appears that an effort has been made in Region V to increase the percent of clients who complete treatment. In 1980, only 25% of the total clients discharged completed treatment compared with 56% in 1986.

7. Primary Client Follow-Up Information [See Table 48]

- All state approved programs are required to do follow-up, for the purpose of determining program effectiveness, 6 months after

the client's treatment plan has been completed. Chemical dependency programs in Region V have attempted to follow-up 2,749 clients since 1980 and successfully contacted 1,355 [49%].

- Of the 1,355 successful follow-up contacts since 1980, 47% indicated they were involved in AA or a maintenance program, 61% were employed and 81% reported total abstinence.

- The number of follow-up attempts in Region V increased from 46 in 1980 to 700 in 1984 dropping to 456 in 1986.

TABLE 43

REGION V
Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	848	913	1146	1236	1298	980	1054
SEX							
Male	72%	74%	76%	76%	74%	75%	75%
Female	28	26	24	24	26	25	25
RACE							
White	80	88	86	85	89	89	84
Black					0	0	1
Native American	19	11	13	13	10	9	13
Hispanic		1	1	1	1	1	1
Other	1			1	0	1	1
AGE							
0-17	12	9	14	12	16	18	22
18-20	13	13	15	16	15	14	11
21-25	17	17	16	19	19	16	12
26-30	15	16	15	16	16	13	15
31-44	26	28	29	27	25	28	31
45-64	15	14	9	9	8	9	10
65+	2	3	2	1	1	2	1
MARITAL							
Never Married	44	39	50	52	52	51	49
Married	34	35	25	24	24	25	26
Separated	4	6	6	6	5	5	6
Divorced	17	17	17	17	18	18	17
Widowed	1	3	2	1	1	1	2
EMPLOYMENT							
Full-Time	35	35	28	31	36	33	30
Part-Time	7	10	12	13	11	9	8
Unemployed	58	55	60	56	53	58	62
HEALTH INSURANCE							
None			51	59	56	54	51
Medicaid/Medicare			5	4	4	4	5
Blue Cross/Blue Shield			12	10	10	11	13
Private Insurance			15	13	16	13	10
Other			17	14	14	18	21

TABLE 44

REGION V
Family Member Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	196	229	329	321	234	313	368
SEX							
Male	16%	12%	21%	25%	25%	22%	27%
Female	84	88	79	75	75	78	73
RACE							
White	91	95	92	92	97	97	95
Black	1				0	0	0
Native American	8	3	8	6	3	2	5
Hispanic		1		1	0	0	0
Other		1		1	0	1	0
AGE							
0-17	8	11	14	17	26	10	16
18-20	6	6	8	4	3	3	5
21-25	13	9	7	7	7	7	8
26-30	13	17	13	12	12	15	12
31-44	33	42	40	41	45	41	35
45-64	26	13	16	17	16	22	21
65+	1	2	1	2	1	2	3
MARITAL							
Never Married	18	20	26	25	21	20	26
Married	71	67	62	55	56	61	54
Separated	3	3	3	6	9	7	5
Divorced	5	7	8	12	13	10	13
Widowed	2	3	1	2	1	2	2
EMPLOYMENT							
Full-Time	31	29	34	35	43	37	35
Part-Time	14	14	12	12	12	17	15
Unemployed	55	57	54	53	45	46	50
HEALTH INSURANCE							
None			31	37	33	35	34
Medicaid/Medicare			4	4	4	4	3
Blue Cross/Blue Shield			15	18	15	16	21
Private Insurance			25	22	27	27	10
Other			25	19	21	18	32

TABLE 45

REGION V
DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1986 [in percents]

Client Characteristics	1980	1981	1982	1983	1984	1985	1986
Total 1st Admissions	379	427	676	1079	1199	1299	956
SEX							
Male	84%	82%	84%	82%	82%	80%	80%
Female	16	18	16	18	18	20	20
RACE							
White	94	96	95	93	92	93	85
Black						1	
Native American	5	4	4	6	7	6	12
Hispanic	1		1	1	1	0	1
Other						1	2
ACE							
0-17	3	3	3	1	2	1	2
18-20	11	14	16	11	13	11	9
21-25	20	19	21	23	22	25	20
26-30	16	16	16	20	19	18	22
31-44	28	31	27	30	29	30	31
45-64	20	15	15	14	13	13	14
65+	2	2	2	1	2	2	2
MARITAL							
Never Married	41	43	48	42	41	45	42
Married	35	34	27	29	28	26	30
Separated	3	4	3	6	5	5	5
Divorced	18	17	18	19	23	22	21
Widowed	3	2	3	4	3	2	2
EMPLOYMENT							
Full-Time	63	55	47	49	51	54	61
Part-Time	7	12	11	12	14	17	27
Unemployed	30	34	42	39	35	29	12
HEALTH INSURANCE							
None			53	55	52	51	-
Medicaid/Medicare			15	3	4	3	-
Blue Cross/Blue Shield			15	10	10	12	-
Private Insurance			17	22	19	21	-
Other				10	15	13	-

TABLE 46

REGION V

Source of Referral at Admission
To Chemical Dependency Programs

eferral Source	1979	1980	1981	1982	1983	1984	1985	1986
elf	238	191	181	168	195	187	135	200
ospital	16	8	24	12	11	16	3	18
MHC	4	6	10	10	21	11	6	8
ivate MD	27	10	24	14	16	10	15	11
ublic Health	3	0	0	0	1	0	3	1
vn Program	0	12	27	25	36	37	21	23
ourt School	-	-	-	7	6	9	28	21
A, Alanon, Ala.	133	8	23	12	9	9	7	14
ther Alcohol Programs	161	106	81	125	110	146	180	258
oc Rehab	0	4	1	4	3	0	0	1
ocial Services	4	19	25	29	43	43	20	20
ourts	90	250	314	405	441	523	267	157
olice, Probation, Parole	60	73	52	133	151	125	122	81
ttorney, Legal Aid	9	22	12	21	23	13	8	14
mployer	6	11	12	4	10	15	18	18
hurch	3	0	0	0	0	1	7	0
chool	1	51	24	64	40	47	37	29
pouse/Family	68	45	42	66	51	42	37	82
riends	53	22	21	39	41	44	35	41
V, News, Ads	1	7	36	4	4	2	4	6
ther	9	3	4	4	22	18	31	50
nknown	8	0	0	0	2		2	1
OTAL	894	848	913	1,146	1,236	1,298	980	1,054

TABLE 47

REGION V

First Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

County	1980 Census	Adm Rate 1980	Adm Rate 1981	Adm Rate 1982	Adm Rate 1983	Adm Rate 1984	Adm Rate 1985	Adm Rate 1986
Flathead	51,966	8.7	8.6	10.3	11.0	12.6	8.3	7.1
Lake	19,056	6.8	4.3	6.2	9.8	8.6	7.5	8.9
Lincoln	17,752	12.3	11.7	13.0	13.5	12.9	7.9	7.7
Mineral	3,675	4.4	3.8	4.4	5.4	7.8	2.4	9.5
Missoula	76,016	3.3	4.7	5.4	4.8	4.9	4.6	5.7
Ravalli	22,493	4.4	4.7	4.6	5.4	8.0	6.0	5.4
Sanders	8,675	6.2	3.8	3.8	7.7	5.2	5.0	4.3
TOTAL REGION V	199,633	6.6	6.3	7.3	7.9	8.4	6.3	6.5
STATE	786,690	6.5	6.3	7.0	7.0	8.4	7.4	6.5

TABLE 48

REGION V
Reason for Discharge
Primary Chemical Dependency Clients for
Calendar Years 1980 - 1986 [in percents]

Reason For Discharge	1980	1981	1982	1983	1984	1985	1986
Total Discharges	1,092	1,091	1,400	1,570	1,642	1,417	1,248
Left Before Trmt Completed	52%	49%	44%	35%	34%	32%	33%
Inaccessible, Moved	8%	10%	10%	8%	7%	5%	5%
Died							
Treatment Plan Completed	25%	31%	31%	50%	48%	56%	56%
Client Referred	15%	10%	15%	7%	11%	7%	6%

TABLE 48

REGION V

Primary Client Follow-up Information
Six Months After Discharge

Calendar Years 1980 - 1984

	1980	1981	1982	1983	1984	1985	1986
Number of Followup Attempts Attempts	46	170	176	575	700	626	456
Number of Successful Followup Contacts	35	38	90	247	243	372	330
Percent Contacted	76%	22%	66%	57%	35%	60%	72%
Percent in a Maintenance Program	54%	37%	40%	46%	53%	43%	57%
Percent Employed	69%	66%	60%	61%	66%	50%	57%
Percent Abstinent	89%	80%	85%	79%	80%	78%	79%

5.7 COUNTY ALLOCATIONS OF ALCOHOL EARMARKED TAX REVENUE - FY88

REGION I

1) Carter - 100% to Chemical Dependency Services, Inc., Miles City - outpatient

2) Custer - 100% to Chemical Dependency Services, Inc., Miles City - outpatient

3) Daniels - 100% to High Plains Chemical Dependency Center, Glasgow - outpatient

4) Dawson - 100% to District II Alcohol and Drug Program, Glendive - outpatient

5) Fallon - 100% to Chemical Dependency Services, Inc., Miles City - outpatient

6) Garfield - 100% to Chemical Dependency Services, Inc., Miles City - outpatient

7) McCone - 100% to District II Alcohol and Drug Program, Glendive - outpatient

8) Phillips - 100% to High Plains Chemical Dependency Center, Glasgow - outpatient

9) Powder River - 100% to Chemical Dependency Services, Inc., Miles City - outpatient

10) Prairie - 100% to District II Alcohol and Drug Program, Glendive - outpatient

11) Richland - 100% to District II Alcohol and Drug Program, Glendive - outpatient

12) Roosevelt - 100% to High Plains Chemical Dependency Center, Glasgow - outpatient

13) Rosebud - 100% to Chemical Dependency Services, Inc., Miles City - outpatient

14) Sheridan - 100% to High Plains Chemical Dependency Center, Glasgow - outpatient

15) Treasure - 100% to Chemical Dependency Services, Inc., Miles City - outpatient

16) Valley - 100% to High Plains Chemical Dependency Center, Glasgow - outpatient

17) Wibaux - 100% to District II Alcohol and Drug Program, Glendive - outpatient

REGION II

18) Blaine - 100% to Northern Montana Chemical Dependency Program, Inc., Havre - outpatient/inpatient

19) Cascade - 100% to Providence, Great Falls - outpatient

20) Chouteau - 100% to Northern Montana Chemical Dependency Program, Inc., Havre - outpatient/inpatient

21) Hill - 100% to Northern Montana Chemical Dependency Program, Inc., Havre - outpatient/inpatient

22) Liberty - 100% to Northern Montana Chemical Dependency Program, Inc., Havre - outpatient/inpatient

23) Toole - 100% to Northern Montana Chemical Dependency Program, Inc., Havre - outpatient/inpatient

24) Teton - 100% to Montana Deaconess Medical Center Chemical Dependency Unit, Great Falls - outpatient

25) Glacier - 50% to Providence, Great Falls - outpatient
50% to Medicine Pine Lodge - intermediate/detoxification

26) Pondera - 100% to Providence, Great Falls - outpatient

REGION III

27) Big Horn - 100% to South Central Montana Regional Mental Health Center, Billings - outpatient

28) Carbon - 100% to South Central Montana Regional Mental Health Center, Billings - outpatient

29) Fergus - 100% to Alcohol and Drug Services of Central Montana, Inc., Lewistown - outpatient

30) Golden Valley - 100% to South Central Montana Regional Mental Health Center, Billings - outpatient

31) Judith Basin - 100% to Alcohol and Drug Services of Central Montana, Inc., Lewistown - outpatient

32) Musselshell - 100% to South Central Montana Regional Mental Health Center, Billings - outpatient

33) Petroleum - 100% to Alcohol and Drug Services of Central Montana, Inc., Lewistown - outpatient

34) Stillwater - 100% to South Central Montana Regional Mental Health Center, Billings - outpatient

Region III (continued)

35) Sweet Grass - 100% to Southwest Chemical Dependency Services, Livingston - outpatient

36) Wheatland - 100% to Alcohol and Drug Services of Central Montana, Inc., Lewistown - outpatient

37) Yellowstone - 83% to Rimrock Foundation, Billings - 80% detox, 20% outpatient
- 12% to South Central Montana Regional Mental Health Center, Billings - outpatient
- 5% to Contingent Fund (to be divided 83%, 12% at the end of the year to Rimrock and South Central)

REGION IV

38) Beaverhead - 100% to Southwest Chemical Dependency Services, Livingston - outpatient

39) Broadwater - 100% to Boyd Andrew Chemical Dependency Care Center, Helena - outpatient

40) Deer Lodge - 100% to Alcoholism Service of Anaconda/Deer Lodge County, Anaconda - outpatient

41) Gallatin - 100% to Alcohol Services of Gallatin County, Bozeman - outpatient

42) Granite - 50% to Alcoholism Service of Anaconda/Deer Lodge County, Anaconda - outpatient
- 50% to Powell County Alcoholism Prevention Center, Inc., Deer Lodge - outpatient

43) Jefferson - 100% to Boyd Andrew Chemical Dependency Care Center, Helena - outpatient

44) Lewis & Clark - 100% to Boyd Andrew Chemical Dependency Care Center, Helena - outpatient

45) Madison - 100% to Southwest Chemical Dependency Services, Livingston - outpatient

46) Meagher - 100% to Southwest Chemical Dependency Services, Livingston - outpatient

47) Park - 100% to Southwest Chemical Dependency Services, Livingston - outpatient

48) Powell - 100% to Powell County Alcoholism Prevention Center, Inc., Deer Lodge - outpatient

Region IV (continued)

49) Butte/Silver Bow - 90% to Butte Alcohol and Drug Services -
- 10% to Butte Indian Alcohol Program - intermediate

REGION V

50) Flathead - 100% to Flathead Valley Chemical Dependency Clinics, Kalispell - outpatient

51) Lake - 100% to Lake County Chemical Dependency Program, Polson - outpatient

52) Lincoln - 100% to Recovery Northwest, Libby - outpatient

53) Mineral - 100% to Recovery Northwest, Libby - outpatient

54) Missoula - 91% to Recovery Foundation, Missoula - outpatient ($32,500 indigent care)
- 9% to Missoula Indian Alcohol and Drug Program, Missoula - outpatient

55) Ravalli - 100% to Ravalli County Chemical Dependency Services, Inc., Hamilton - outpatient

56) Sanders - 100% to Recovery Northwest, Libby - outpatient

Goal #1: Maintain the current level of chemical dependency services in Montana.

Objective 1: Maintain a minimum client/counselor ratio of 1 to 20 in all state-approved outpatient programs and maintain an occupancy rate of at least 70% in all state approved inpatient, detoxification and intermediate care treatment program components.

Objective 2: Contract alcohol discretionary block grant funds to chemical dependency programs based on Department review criteria and funding priorities and in accordance with federal and state requirements by July 1 each year.

Objective 3: Contract Federal and State funds with approved drug clinics for outpatient and prevention/education or early intervention services and in accordance with federal and state requirements by July 1 each year.

Objective 4: Contract supplemental alcohol block grant funds to approved chemical dependency programs based on county plan allocations and in accordance with federal and state requirements by January 1 each year.

Objective 5: Cooperate with the Corrections Division, Department of Family Services and Board of Pardons in establishing and conducting chemical dependency programs for individuals in or on parole from penal institutions.

Objective 6: Maintain the computerized Alcohol and Drug Information System (ADIS) for all state approved chemical dependency programs and continue to process educational school (DUI) information.

Goal #2: Maintain the quality of chemical dependency services provided in Montana.

Objective 1: Conduct on-site program evaluations of all state approved chemical dependency programs at least annually to determine approval status and to ensure compliance with state treatment and educational course standards.

Objective 2: Continue all phases of the counselor certification program, including compliance with continuing education requirements.

Objective 3: Demonstrate program effectiveness as measured by the following indicators:

- Detoxification - maintain at least 70% bed utilization; 80% completion ratio; and 50% successful referrals to other treatment.
- Inpatient - maintain at least 70% bed utilization; 80% completion ratio; follow-up contact with 55% of clients six months after discharge; and document 80% improvement six months after discharge.
- Intermediate - maintain 70% bed utilization; document 70% completion ratio;75% successful referrals to employment or education programs at discharge; follow-up contact with 55% of clients 6 months after discharge; and document 70% improvement 6 months after discharge.
- Outpatient - maintain 100% of required 1/20 staff to client ratio; provide at least 2.5 counseling sessions to client per month; maintain 45% completion ratio; follow-up contact with 55% of clients 6 months after discharge; and document 70% improvement 6 months after discharge.

Objective 4: To encourage and support statewide training for treatment program personnel through qualified organizations and service providers.

Objective 5: To upgrade the certification and evaluations system to enhance the quality, increase professional competency and staff time efficiency.

Goal #3: Continue to allocate resources for the purpose of ensuring efficiency, cost effectiveness and availability of services.

Objective 1: Review requests for approval of new programs, program expansions, and private for-profit programs based on Department review criteria and continue to discourage duplication of services.

Objective 2: Encourage program consolidation and development of multi-county or district programs.

Objective 3: Encourage all publicly funded chemical dependency programs to increase service revenue so that a minimum of 25% of the total operational budget is obtainable from this source by June, 1989.

Objective 4: Determine possible solutions to the problem of obtaining treatment for indigent clients in areas of the state which are a long distance from Galen [Regions I and III].

Objective 5: If funding becomes available, consider expansion of transitional living facilities, specifically for women and adolescents, and the purchase of inpatient beds for indigents.

Objective 6: Determine the number of inpatient treatment beds needed in Montana in cooperation with the Department of Health and Environmental Sciences for use in Certificate of Need reviews and update annually.

Goal #4: Encourage local communities and state approved chemical dependency programs to play the primary role in the development and implementation of prevention activities.

Objective 1: Support the current level of prevention activities in local communities.

Objective 2: Maintain the current level of prevention activities offered by existing programs and require that each drug clinic deliver structured prevention, education and early intervention.

Objective 3: Increase information on chemical dependency by providing sample literature encouraging the use of the State film library and by promoting the use of federal public education media campaigns.

Objective 4: Inform local agencies of all aspects of ACT and the Minors in Possession substance abuse information course and provide assistance.

Objective 5: Encourage availability of employee and student assistance programs.

Objective 6: Encourage development and dissemination of information targeted specifically to high risk groups.

Objective 7: Support the development of prevention networks to facilitate effective prevention strategies and communication.

Goal #5: Continue to assess the chemical dependency service needs of Montana and determine specific strategies to meet identified needs.

Objective 1: Based on county plans, treatment data, cost information and legislative priorities, develop a comprehensive chemical dependency plan every four years.

Objective 2: Coordinate with other planning agencies to ensure a coordinated statewide planning effort for chemical dependency services.

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